#### FRANCISCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 05-31-2019 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION Provider CCN: 15-0109 Worksheet S Peri od. From 01/01/2018 Parts I-III AND SETTLEMENT SUMMARY 12/31/2018 Date/Time Prepared: То 5/30/2019 2:39 pm PART I - COST REPORT STATUS Provi der 1. [ X ] Electronically filed cost report Date: 5/30/2019 Time: 2:39 pm use only Manually submitted cost report 2 [ ]If this is an amended report enter the number of times the provider resubmitted this cost report ]Medicare Utilization. Enter "F" for full or "L" for low. 3 Ο Ē 4 

 [1] Cost Report Status
 6. Date Received:

 (1) As Submitted
 7. Contractor No.

 (2) Settled without Audit
 8. [N] Initial Report for this Provider CCN

 (3) Settled with Audit
 9. [N] Final Report for this Provider CCN

 Contractor 5. use only Δ (3) Settled with Audit number of times reopened = 0-9. (4) Reopened (5) Amended PART II - CERTIFICATION MISREPRESENTATION OF 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 OF 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 LAFAYETTE (15-0109) 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

			Title	XVIII			
	Cost Center Description	Title V	Part A	Part B	HI T	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospi tal	0	-559, 288	122, 854	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	60, 519	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-498, 769	122, 854	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.

IIUSPI I	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX	FRANCISCAN HEAI		der CCN: 1	5-0109	Peri od:		Workshe	m CMS- et S-2	
						From 01/01/ To 12/31/	2018 2018	Part I Date/Ti 5/30/20		
	1.00	2.00		3.00		L	. 00	37 307 20	/1/ 2.0	
	Hospital and Hospital Health Care Co									
1.00 2.00	Street: 1701 SOUTH CREASY LANE City: LAFAYETTE	PO Box: State: IN	Zin Cod	e: 47905-	Coun	ty: TIPPECAN	)E			1.00
2.00	CITY. LAFATEITE	Component Name	CCN	CBSA	Provi der			nt Syst	em (P.	2.00
			Number	Number	Туре	Certified		, 0, or		
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
3.00	Hospital and Hospital-Based Componer	FRANCI SCAN HEALTH	150109	29200	1	07/01/1966	N	Р	0	3.00
3.00	Hospi tal	LAFAYETTE	150109	29200		0770171900	IN	F		3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRNACI SCAN HEALTH	15T109	29200	5	01/01/1995	Ν	P	0	5.00
		LAFAYETTE REHAB								
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00 9.00	Swing Beds - NF									8.00 9.00
9.00 10.00	Hospi tal -Based SNF Hospi tal -Based NF									10.00
11.00	Hospi tal -Based OLTC									11.00
12.00	Hospi tal -Based HHA	FRANCI SCAN HOME CARE	157124	29200		07/06/1966	Ν	P	N	12.00
13.00	Separately Certified ASC		1							13.00
14.00	Hospi tal -Based Hospi ce	FRNACI SCAN HEALTH	151563	29200		01/01/1984				14.00
		LAFAYETTE HOSPICE								
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00 17.00
17.00 18.00	Hospital-Based (CMHC) I Renal Dialysis									18.00
	Other									19.00
	1	1		1	1	From:		То	:	
						1.00		2. (		
	Cost Reporting Period (mm/dd/yyyy)					01/01/20	018	12/31/	2018	20.00
21.00	Type of Control (see instructions)									
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	Inpatient PPS Information				1.00	2.00		3. (	)0	21.00
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22. 01 22. 02 22. 03	Does this facility qualify and is it disproportionate share hospital adju §412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	stment, in accordance w r yes or "N" for no. Is 412.106(c)(2)(Pickle am r yes or "N" for no. compensated care paymen mn 1, "Y" for yes or "N riod occurring prior to " for no for the portio er October 1. (see inst requires final uncompe port settlement? (see i " for no, for the porti er 1. Enter in column 2 e cost reporting period ic reclassification fro ds for delineating stat olumn 1, "Y" for yes or g period prior to Octob no for the portion of t er October 1. (see inst 100 but not more than 4 2.105)? Enter in column dicaid days on lines 24 of admission, 2 if cens	th 42 CFF this endment ts for thi 'for no 1 October 'n of the current on of the current murban to stical ar "N" for no er 1. Enter he cost cuctions) 99 beds (a 3, "Y" for and/or 25 us days, of	s for l. cost re ns) yes ter preas no er as pr 3	Y Y N	2.00 N Y N				22. 00 22. 01 22. 02 22. 02
22. 01 22. 02 22. 03	Does this facility qualify and is it disproportionate share hospital adju \$412.106? In column 1, enter "Y" fo facility subject to 42 CFR Section § hospital?) In column 2, enter "Y" fo Did this hospital receive interim un cost reporting period? Enter in colu the portion of the cost reporting pe Enter in column 2, "Y" for yes or "N reporting period occurring on or aft Is this a newly merged hospital that payments to be determined at cost re Enter in column 1, "Y" for yes or "N cost reporting period prior to Octob or "N" for no, for the portion of th October 1. Did this hospital receive a geograph rural as a result of the OMB standar adopted by CMS in FY2015? Enter in co for the portion of the cost reportin in column 2, "Y" for yes or "N" for reporting period occurring on or aft Does this hospital contain at least counted in accordance with 42 CFR 41 yes or "N" for no.	stment, in accordance w r yes or "N" for no. Is 412.106(c)(2)(Pickle am r yes or "N" for no. compensated care paymen mn 1, "Y" for yes or "N riod occurring prior to " for no for the portio er October 1. (see inst requires final uncompe port settlement? (see i " for no, for the porti er 1. Enter in column 2 e cost reporting period ic reclassification fro ds for delineating stat olumn 1, "Y" for yes or g period prior to Octob no for the portion of t er October 1. (see inst 100 but not more than 4 2.105)? Enter in column dicaid days on lines 24 of admission, 2 if cens of identifying the days	th 42 CFF this endment ts for thi ' for no 1 October of nof the c "ructions) nosated can sstruction on of the "Y" for on or aff m urban to stical ar "N" for r er 1. Ente stical ar "N" for r er 1. Ente acost ructions) 99 beds (a 3, "Y" for and/or 25 us days, of in this of	s for l. cost re ns) yes ter preas no er as pr 3	Y Y N	2.00 N Y N				22. 00 22. 01 22. 02 22. 03

	TH CARE COMPLEX IDENTIFICATION DA	ATA I	Provider CC	N: 15-0109	Period:		Works	orm CMS- heet S-2	
								I Time Pre <u>2019 2:3</u>	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medi cai d el i gi bl e unpai d	Medicai HMO day	ys Mo	Other edi cai d days	
100 If this provider is	an LDDC beenited onten the	1.00	2.00	3.00	4.00	5.00		6.00	24.0
<ul> <li>in-state Medicaid pa Medicaid eligible ur out-of-state Medicai out-of-state Medicai 4, Medicaid HMO paid column 5, and other</li> <li>5.00 If this provider is Medicaid paid days i Medicaid eligible ur out-of-state Medicai Medicaid eligible ur</li> </ul>	an IPPS hospital, enter the aid days in column 1, in-state npaid days in column 2, d paid days in column 3, d eligible unpaid days in column d and eligible but unpaid days in Medicaid days in column 6. an IRF, enter the in-state n column 1, the in-state npaid days in column 2, d days in column 3, out-of-state npaid days in column 4, Medicaid e but unpaid days in column 5.	21	215 40		42 0		489	231	24. (
						Rural S			-
6.00 Enter your standard	geographic classification (not w	age) status	at the bea	inning of t		00	2	. 00	26.0
7.00 cost reporting period Enter your standard reporting period. En	od. Enter "1" for urban or "2" fo geographic classification (not w nter in column 1, "1" for urban o	r rural. age) status r "2" for ri	at the end ural. If ap	of the cos		1			27.0
	date of the geographic reclassif community hospital (SCH), enter th reporting period.			H status in		0			35.
					Begin	ni ng: 00		di ng: . 00	-
	ginning and ending dates of SCH s s of one and enter subsequent dat		cript line	36 for numb	er				36.
.00 If this is a Medicar is in effect in the	re dependent hospital (MDH), ente cost reporting period. former MDH that is eligible for t	r the number	·		S	0			37.
accordance with FY 2 instructions)	2016 OPPS final rule? Enter "Y" fitter the beginning and ending date	or yes or "I	N" for no.	(see					38.
greater than 1, subs	script this line for the number o								
	script this line for the number o				Y.			<u>Y/N</u>	
greater than 1, subsequent dat 0.00 Does this facility of hospitals in accorda 1 "Y" for yes or "N' accordance with 42 0	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i	f periods in I payment ad ), (ii), or the mileage	djustment f (iii)? Ent requiremen	one and for low volu er in colum ts in	1. me 1 n	/N 00 1	2	<u>Y/N</u> . 00 N	39.
greater than 1, subsequent dat 0.00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see 0.00 Is this hospital sub "N" for no in column	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i	f periods in payment au ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y "Y" for y	one and for low volu er in colum ts in "Y" for ye " for yes o	1. me 1 n s r 1	00	2	. 00	39. 40.
greater than 1, subsequent dat .00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see .00 Is this hospital sub "N" for no in column	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio 1, for discharges prior to Octo	f periods in payment au ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y "Y" for y	one and for low volu er in colum ts in "Y" for ye " for yes o	1. me 1 n s r 1	00 1 1	2 XVI I	. 00 N N	
greater than 1, subsequent dat 00 Does this facility of hospitals in accorda 1 "Y" for yes or "N' accordance with 42 ( or "N" for no. (see 00 Is this hospital sub "N" for no in column no in column 2, for	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio 1, for discharges prior to Octo	f periods in payment au ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y "Y" for y	one and for low volu er in colum ts in "Y" for ye " for yes o	1. me 1 n s r 1	00	2 XVI I	. 00 N N	
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greater than 1, subsenter subsequent dat 00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see 00 Is this hospital sub "N" for no in column no in column 2, for 00 Prospective Payment 00 Does this facility of with 42 CFR Section 00 Is this facility eli pursuant to 42 CFR §	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio n 1, for discharges prior to Octo discharges on or after October 1 System (PPS)-Capital	f periods in I payment ad ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter . (see instr . (see instr nt for dispr eption for d	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y - "Y" for y ructions) roportionat	one and or low volu er in colum ts in "Y" for yes es or "N" f e share in ry circumst	1. me 1 s r 1 or	00 N N 1.00	2 XVI 1 2. 00	. 00 N N 1 XIX 2 3. 00	40.
greater than 1, subsenter subsequent dat 00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see 00 Is this hospital sub "N" for no in column no in column 2, for Prospective Payment 00 Does this facility of with 42 CFR Section 1s this facility elip pursuant to 42 CFR § Pt. 111. 00 Is this a new hospit 00 Is the facility elect	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio n 1, for discharges prior to Octo discharges on or after October 1 System (PPS)-Capital qualify and receive Capital payme §412.320? (see instructions) gible for additional payment exc	f periods in I payment ac ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter . (see instr nt for dispr eption for c t. L, Pt. I capital? Er	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y ructions) roportionat extraordina l and Wkst	one and or low volu er in colum ts in "Y" for yes o es or "N" f e share in ry circumst . L-1, Pt. yes or "N"	1. me 1 s r 1 or accordance ances I through for no.	00 J V 1.00	2 XVI I 2. 00 Y	. 00 N N 1 XIX D 3. 00	40. 45. 46. 47.
greater than 1, subsenter subsequent dat 00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see 00 Is this hospital sub "N" for no in column no in column 2, for 00 Does this facility of with 42 CFR Section 00 Is this facility elip pursuant to 42 CFR § Pt. III. 00 Is this a new hospitals 00 Is this a hospitals	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio n 1, for discharges prior to Octo discharges on or after October 1 System (PPS)-Capital qualify and receive Capital payme §412.320? (see instructions) gible for additional payment exc §412.348(f)? If yes, complete Wks tal under 42 CFR §412.300(b) PPS	f periods in I payment ac ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter . (see instr . (see instr . (see instr . t. L, Pt. I capital? Er t? Enter ""	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y ~ "Y" for y ructions) roportionat extraordina i and Wkst nter "Y for <u>(" for yes</u>	one and or low volu er in colum ts in "Y" for yes es or "N" f e share in ry circumst . L-1, Pt. yes or "N" or "N" for	ances I through for no. no.	00 J J N N N N	2 XVI I 2. 00 Y N N	. 00 N N 1 XIX D 3. 00 N N N	
greater than 1, subs enter subsequent dat 00 Does this facility of hospitals in accorda 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see 00 Is this hospital sub "N" for no in column no in column 2, for 00 Does this facility of with 42 CFR Section 00 Is this facility elion pursuant to 42 CFR Section 00 Is this facility elion pursuant to 42 CFR Section 00 Is this a new hospital 00 Is the facility elion Teaching Hospitals 00 Is this a hospital i or "N" for no. 00 If line 56 is yes, i GME programs trained is "Y" did residents for yes or "N" for no	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reductio n 1, for discharges prior to Octo discharges on or after October 1 System (PPS)-Capital qualify and receive Capital payme §412.320? (see instructions) gible for additional payment exc §412.348(f)? If yes, complete Wks tal under 42 CFR §412.300(b) PPS cting full federal capital paymen	f periods in I payment ad ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter . (see insti- . (see insti- . (see insti- . L, Pt. II capital? En- t? Enter " approved GF period durin r yes or "N' th of this of Y", complete	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y r "Y" for y ructions) roportionat extraordina il and Wkst nter "Y for Y" for yes ME programs ng which re ' for no in cost report e Worksheet	one and or low volu er in colum ts in "Y" for yes es or "N" f e share in ry circumst . L-1, Pt. yes or "N" or "N" for ? Enter "Y sidents in column 1. ing period?	1. me 1. me 1 s r 1 or accordance ances I through for no. no. " for yes approved I f col umm Enter "Y	00 J J N N N N N N N 1	2 XVI I 2. 00 Y N N	. 00 N N 1 XIX D 3. 00 N N N	40. 45. 46. 47. 48.
greater than 1, subs enter subsequent dat 00 Does this facility of hospitals in accord 1 "Y" for yes or "N" accordance with 42 ( or "N" for no. (see "N" for no in colum "N" for no in colum "N" for no in colum no in column 2, for 00 Does this facility eli pursuant to 42 CFR § Pt. 111. 00 Is this facility eli pursuant to 42 CFR § Pt. 111. 00 Is this a new hospital s the facility ele Teaching Hospitals 00 Is this a hospital s 00 Is this a for no. 00 If line 56 is yes, i 00 If line 56 is yes, of	script this line for the number o tes. qualify for the inpatient hospita ance with 42 CFR §412.101(b)(2)(i ' for no. Does the facility meet CFR 412.101(b)(2)(i), (ii), or (i instructions) oject to the HAC program reduction n1, for discharges prior to Octo discharges on or after October 1 System (PPS)-Capital qualify and receive Capital payme §412.320? (see instructions) gible for additional payment exc §412.348(f)? If yes, complete Wks tal under 42 CFR §412.300(b) PPS cting full federal capital paymen involved in training residents in this the first cost reporting d at this facility? Enter "Y" fo s start training in the first mon no in column 2. If column 2 is "	f periods in I payment ad ), (ii), or the mileage ii)? Enter i n adjustmen ber 1. Enter . (see instr . (see instr . (see instr . tror dispression eption for dispression t. L, Pt. II capital? Enter "" approved GI period durin r yes or "N" th of this dispression [, if applice bursement for	djustment f (iii)? Ent requiremen n column 2 t? Enter "Y r"Y" for y ructions) roportionat extraordina l and Wkst nter "Y for y" for yes ME programs ng which re for no in cost report e Worksheet cable. or physicia	one and or low volu er in colum ts in "Y" for yes o es or "N" f e share in ry circumst . L-1, Pt. yes or "N" or "N" for ? Enter "Y sidents in column 1. ing period? E-4. If co	1. me 1. n 1 s 1 accordance accordance ances 1 through for no. no. " for yes approved 1 f column Enter "Y I umn 2 i s	00 J J N N N N N N N 1	2 XVI I 2. 00 Y N N	. 00 N N 1 XIX D 3. 00 N N N	40. 45. 46. 47. 48. 56.

SPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION D/	ATA	Provider C	FI		Date/Time Pre 5/30/2019 2:3	pared:
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
			1.00	2.00	3.00	
.00 Are you claiming nursing and allied health education any programs that meet the criteria under §413.85?			Y			60.0
.01 If line 60 is yes, complete columns 2 and 3 for each				20.00	1	60. 0
instructions) 02 If line 60 is yes, complete columns 2 and 3 for each	progra	m. (see		23.00	1	60. 0
instructions) 03 If line 60 is yes, complete columns 2 and 3 for each	nrogra	m (see		23. 01	1	60.0
instructions)						00.0
	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
<ul> <li>.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)</li> <li>.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)</li> <li>.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)</li> <li>.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)</li> <li>.04 Enter the number of unweighted primary care/or</li> </ul>				0. 00	\$ O. OC	61. 0 61. 0 61. 0 61. 0
<ul> <li>surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).</li> <li>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)</li> <li>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)</li> </ul>						61. C
	Pr	ogram Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE	
		1.00	2.00	3.00	Count 4.00	
<ul> <li>.10 Of the FTEs in line 61.05, specify each new program special ty, 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.</li> <li>.20 Of the FTEs in line 61.05, specify each expanded program special ty, 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 4, the direct GME 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.</li> </ul>		1. UU	2.00	0.00	0. 00	61. 1
the direct GME FTE unweighted count.	1		<u> </u>	<u> </u>	1.00	
ACA Provisions Affecting the Health Resources and Se						
.00 Enter the number of FTE residents that your hospital your hospital received HRSA PCRE funding (see instru		d in this cost	reporting peri	od for which	0.00	62.0
.01 Enter the number of FTE residents that rotated from during in this cost reporting period of HRSA THC pro	a Teachi			your hospital	0.00	62. 0
Teaching Hospitals that Claim Residents in Nonprovid			- 1		1	1

Health Financial Systems		HEALTH LAFAYETTE		In Lie	u of Form CMS-	
HOSPITAL AND HOSPITAL HEALTH CARE COMPL	EX IDENTIFICATION DATA	Provider CC		eriod: com 01/01/2018	Worksheet S-2 Part I	
			To			pared:
			Unweighted	Unweighted	Ratio (col. 1/	
			FTĔs	FTEsin	(col. 1 + col.	
			Nonprovi der	Hospi tal	2))	
			Si te	0.00	0.00	
Section 5504 of the ACA Base Year	ETE Posidents in Non	provider Settings	1.00	2.00	3.00	
period that begins on or after Ju	ly 1, 2009 and before	June 30, 2010.	,			
64.00 Enter in column 1, if line 63 is in the base year period, the numb resident FTEs attributable to rot settings. Enter in column 2 the resident FTEs that trained in you of (column 1 divided by (column 1	er of unweighted non-p ations occurring in al number of unweighted r r hospital. Enter in c	primary care I nonprovider non-primary care column 3 the ratio	0.00	0.00	0. 000000	64.00
	Program Name	Program Code	Unwei ghted	Unwei ghted	Ratio (col. 3/	
			FTĔs	FTEs in	(col. 3 + col.	
			Nonprovi der	Hospi tal	4))	
-	1.00	2.00	Si te 3. 00	4.00	F 00	
65.00 Enter in column 1, if line 63	1.00	2.00	3.00	4.00	5.00	65.00
is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			Unwei ghted	Unwei ghted	Ratio (col. 1/	
			FTEs Nonprovider Site	FTEs in Hospital	(col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Y beginning on or after July 1, 201		vonprovider Setting	SETTECTIVE TO	r cost reporti	ng periods	
66.00 Enter in column 1 the number of u FTEs attributable to rotations on Enter in column 2 the number of u	nweighted non-primary curring in all nonprov nweighted non-primary	/ider settings. care resident	0. 00	0.00	0. 000000	66.00
FTEs that trained in your hospita (column 1 divided by (column 1 +						
	Program Name	Program Code	Unweighted FTEs Nonprovider	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	Si te 3. 00	4.00	5.00	
67.00 Enter in column 1, the program	1.00	2.00	0.00	4.00		67.00
name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						

Heal th	Financial Systems FRANCISCAN HEALTH LAFAYETTE	L I	n Lieu	of For	m CMS-2	2552-10
HOSPI T		eriod: rom 01/01/ p 12/31/	2018 2018	Workshe Part I Date/Ti 5/30/20	me Pre	pared:
				2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subp	rovi der?	N			70.00
	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in t				0	71.00
71.00	recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for n 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teach program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for n Column 3: If column 2 is Y, indicate which program year began during this cost reporting (see instructions)	o. (see ing o.			0	11.00
75.00	<u>Inpatient Rehabilitation Facility PPS</u> Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF		Y			75.00
76.00	subprovider? Enter "Y" for yes and "N" for no. If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in t	he most	N	N	0	76.00
	recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or no. Column 2: Did this facility train residents in a new teaching program in accordance 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" for				
	······································		_	1. 0	0	
	Long Term Care Hospital PPS					00.00
	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no. Is this a LTCH co-located within another hospital for part or all of the cost reporting "Y" for yes and "N" for no.	period? Er	nter	N		80.00
	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes of the new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes of		no.	N		85.00
	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. Is this hospital an extended neoplastic disease care hospital classified under section			N		86.00 87.00
	1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	V		XL		
	Title V and XIX Services	1.00		2.0	0	
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		Y		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.			Ν		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter	N		Ν		93.00
94.00	"Y" for yes or "N" for no in the applicable column. Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the	N		N		94.00
	applicable column. If line 94 is "Y", enter the reduction percentage in the applicable column. Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the	0. 00 N		0. C N		95.00 96.00
	applicable column. If line 96 is "Y", enter the reduction percentage in the applicable column. 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	0. 00 Y		0. C Y	0	97.00 98.00
98. 01	column 1 for title V, and in column 2 for title XIX. Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for	Y		Y		98.01
98. 02	title XIX. 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	Y		Y		98.02
98. 03	for title V, and in column 2 for title XIX. 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	N		Ν		98.03
98. 04	for title V, and in column 2 for title XIX. 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	N		Ν		98.04
98. 05	in column 2 for title XIX. 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	Y		Y		98.05
98.06	column 2 for title XIX. 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 Does this hospital qualify as a CAH? If this facility qualifies as a CAH, has it elected the all-inclusive method of payment	N				105.00 106.00
107.00	for outpatient services? (see instructions) If this facility qualifies as a CAH, is it eligible for cost reimbursement for L&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If					107.00
108.00	yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II. 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

OSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider C		Period: From 01/01/20 <sup>-</sup>	Worksheet S 18 Part I	-2
			To 12/31/20	18 Date/Time P 5/30/2019 2	repared :39 pm
-	Physi cal 1.00	Occupationa 2.00	Speech 3.00	Respirator 4.00	
09.00 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.	N	N	N	N	109. (
				1.00	
10.00 Did this hospital participate in the Rural Community Hospita Demonstration) for the current cost reporting period? Enter " complete Worksheet E, Part A, lines 200 through 218, and Wor applicable.	Y" for yes or	"N" for no.	f yes,	N	110.
			1.00	2.00	_
1.00 If this facility qualifies as a CAH, did it participate in t Health Integration Project (FCHIP) demonstration for this co "Y" for yes or "N" for no in column 1. If the response to co integration prong of the FCHIP demo in which this CAH is par Enter all that apply: "A" for Ambulance services; "B" for ad for tele-health services.	ost reporting Dumn 1 is Y, ticipating in	period? Enter enter the column 2.	N		111.
			1.	. 00 2. 00 3. 0	0
Miscellaneous Cost Reporting Information 5.00 s this an all-inclusive rate provider? Enter "Y" for yes or	"N" for poi		f column 1	N O	115.
is yes, enter the method used (A, B, or E only) in column 2. 3 either "93" percent for short term hospital or "98" percen psychiatric, rehabilitation and long term hospitals provider Pub. 15-1, chapter 22, §2208.1.	If column 2 nt for long te rs) based on t	is "E", enter rm care (incl he definition	in column udes in CMS		
6.00 Is this facility classified as a referral center? Enter "Y" 7.00 Is this facility legally-required to carry malpractice insur-				N   Y	116. 117.
no. $8.00 \rm s$ the mal practice insurance a claims-made or occurrence pol	icy? Enter 1	if the policy	is	2	118.
claim-made. Enter 2 if the policy is occurrence.		Premi ums	Losses	I nsurance	
8.01 List amounts of malpractice premiums and paid losses:		1.00	2.00 16 28,5	3.00	0 118.
			1.00	2.00	_
8.02 Are malpractice premiums and paid losses reported in a cost			N	2.00	118.
Administrative and General? If yes, submit supporting sched and amounts contained therein.	lule listing c	ost centers			
9.00D0 NOT USE THIS LINE 0.00Is this a SCH or EACH that qualifies for the Outpatient Hold	Harmless pro	vision in ACA	N	N	119. 120.
§3121 and applicable amendments? (see instructions) Enter in "N" for no. Is this a rural hospital with < 100 beds that qu Hold Harmless provision in ACA §3121 and applicable amendmen	n column 1, "Y Nalifies for t	" for yes or he Outpatient	N IN	N	120.
Enter in column 2, "Y" for yes or "N" for no. 1.00Did this facility incur and report costs for high cost impla	intable device	s charged to	Y		121.
patients? Enter "Y" for yes or "N" for no. 2.00Does the cost report contain healthcare related taxes as def	ined in §1903	(w)(3) of the	Y	5.06	122.
Act?Enter "Y" for yes or "N" for no in column 1. If column 1 the Worksheet A line number where these taxes are included. Transplant Center Information	is "Y", ente	r in column 2			
5.00 Does this facility operate a transplant center? Enter "Y" fo yes, enter certification date(s) (mm/dd/yyyy) below.	or yes and "N"	for no. If	N		125.
6.00 If this is a Medicare certified kidney transplant center, en in column 1 and termination date, if applicable, in column 2		fication date			126.
7.00 If this is a Medicare certified heart transplant center, ent in column 1 and termination date, if applicable, in column 2	er the certif	ïcation date			127.
8.00 If this is a Medicare certified liver transplant center, ent	er the certif	ïcation date			128.
in column 1 and termination date, if applicable, in column 2 9.00 If this is a Medicare certified lung transplant center, ente		cation date i	n		129.
column 1 and termination date, if applicable, in column 2. D.00 f this is a Medicare certified pancreas transplant center,	enter the cer	tification			130.
date in column 1 and termination date, if applicable, in col 1.00 f this is a Medicare certified intestinal transplant center	umn 2.				131.
date in column 1 and termination date, if applicable, in col 2.00 f this is a Medicare certified islet transplant center, ent	umn 2.				132.
in column 1 and termination date, if applicable, in column 2	2.				
3.00 If this is a Medicare certified other transplant center, ent in column 1 and termination date, if applicable, in column 2	2.				133.
4.00 If this is an organ procurement organization (OPO), enter th	ne OPO number	in column 1			134.
and termination date, if applicable, in column 2.					
			Y	158014	140

HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	F	rovider CC	N: 15-0109		1/01/2018	Worksheet S- Part I Date/Time Pr 5/30/2019 2:	epared:
1.00		2.00				3.00	0/00/2017 2.	
If this facility is part of a cha					name an	d address	of the	
home office and enter the home of 141.00 Name: FRANCI SCAN ALLIANCE, INC.	<u>Fice contractor name a</u> Contractor's Nam		ictor numbe		tor's Nu	umber: 0810	1	141.0
142. 00 Street: 1515 DRAGOON TRAIL	PO Box:	1290		Contrac			1	141.0
143. OOCity: MISHAWAKA	State:	IN		Zip Cod	e:	4654	6-1290	143.0
							1.00	111.0
144.00 Are provider based physicians' cos	sts included in worksn	ieet A?					Y	144.0
						1.00	2.00	-
45.00 If costs for renal services are cl inpatient services only? Enter "Y" no, does the dialysis facility in period? Enter "Y" for yes or "N"	' for yes or "N" for n clude Medicare utiliza for no in column 2.	no in colu ntion for	mn 1. lfc this cost	olumn 1 is reporting		Y		145.0
46.00 Has the cost allocation methodolog Enter "Y" for yes or "N" for no in yes, enter the approval date (mm/d	n column 1. (See CMS P				f	N		146. C
							1.00	-
47.00 Was there a change in the statisti	cal basis? Enter "Y"	for yes o	r "N" for	no.			N	147.0
48.00 Was there a change in the order of	f allocation? Enter "Y	" for yes	or "N" fo	or no.			N	148.0
49.00 Was there a change to the simplifi	ed cost finding metho		2				N	149.0
			Part A	Part B		itle V	Title XIX 4.00	-
Does this facility contain a prov	der that qualifies fo	or an ever	1.00 Intion from	2.00 the applic	cation o	<u>3.00</u> f the Lowe		
or charges? Enter "Y" for yes or								
55.00Hospi tal			N	N		N	N	155. (
56.00 Subprovider - IPF			N	N		N	N	156.0
57. 00 Subprovi der – IRF 58. 00 SUBPROVI DER			N	Ν		N	N	157. 0 158. 0
59. 00 SNF			N	N		Ν	N	159.0
60. 00 HOME HEALTH AGENCY			N	N		N	N	160.0
60. 01			N	N		Ν	N	160. 0
60. 02			N	N		N	N	160. 0
61. 00 CMHC				N		N	N	161.0
							1.00	-
Multicampus							-	
65.00 Is this hospital part of a Multica Enter "Y" for yes or "N" for no.	ampus hospital that ha	is one or	more campu	ises in diff	erent Cl	BSAs?	N	165.0
, <u></u> ,,,,,	Name		unty		ip Code	CBSA	FTE/Campus	
	0	1	. 00	2.00	3.00	4.00	5.00	
66.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.0	00166.0
							1.00	-
Health Information Technology (HI					ent Act			
67.00 Is this provider a meaningful user 68.00 If this provider is a CAH (line 10 reasonable cost incurred for the H	05 is "Y") and is a me	ani ngful	2		), ente	∩ the	Y	167. ( 0168. (
<ul> <li>68.01 If this provider is a CAH and is reception under §413.70(a)(6)(ii)</li> <li>69.00 If this provider is a meaningful upper second second</li></ul>	? Enter "Y" for yes or user (line 167 is "Y")	"N" for	no. (see i	nstructions	)	•	9.9	168. ( 99169. (
transition factor. (see instruction	ons)				Pr	gi nni ng	Endi ng	
					Be	1.00	2.00	-
70.00 Enter in columns 1 and 2 the EHR H period respectively (mm/dd/yyyy)	beginning date and end	ling date	for the re	porting	07	/01/2018	09/30/2018	170. (
						1.00	2.00	-
71.00 If line 167 is "Y", does this prov	ider have any days fo	n individ	uals enrol	ledin		N		0171.0

OSPI I.	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	5/30/2019 2:	epared:
				Y/N	Date	_
	General Instruction: Enter Y for all YES responses. Enter N	for all NO re	snonses Ente	1.00	2.00	-
	mm/dd/yyyy format.		Sponsos. Ente			
	COMPLETED BY ALL HOSPITALS					
	Provider Organization and Operation					
. 00	Has the provider changed ownership immediately prior to the reporting period? If yes, enter the date of the change in c			N		1.0
	reporting periods in yes, enter the date of the enange in e	01 unit 2. (300	Y/N	Date	V/I	
			1.00	2.00	3.00	
. 00	Has the provider terminated participation in the Medicare P yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.		N			2.0
. 00	Is the provider involved in business transactions, includin contracts, with individuals or entities (e.g., chain home o or medical supply companies) that are related to the provid officers, medical staff, management personnel, or members o of directors through ownership, control, or family and othe relationships? (see instructions)	iffices, drug ler or its if the board	Y			3.0
			Y/N	Туре	Date	
	Financial Data and Danasta		1.00	2.00	3.00	
. 00	Financial Data and Reports Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" f or "R" for Reviewed. Submit complete copy or enter date ava column 3. (see instructions) If no, see instructions.	or Compiled,	Y	A		4.0
. 00	Are the cost report total expenses and total revenues diffe those on the filed financial statements? If yes, submit rec		Y			5.0
				Y/N 1.00	Legal Oper. 2.00	
	Approved Educational Activities					
. 00	Column 1: Are costs claimed for nursing school? Column 2:	lfyes, is th	ne provider is	5 Y	Y	6.0
. 00	the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in	structions		Y		7.0
. 00	Were nursing school and/or allied health programs approved cost reporting period? If yes, see instructions.	and/or renewed	0	Ν		8. 0
. 00	Are costs claimed for Interns and Residents in an approved program in the current cost report? If yes, see instruction		cal education	N		9.0
0. 00	Was an approved Intern and Resident GME program initiated o		he current	Ν		10.0
1. 00	cost reporting period? If yes, see instructions. Are GME cost directly assigned to cost centers other than I Teaching Program on Worksheet A? If yes, see instructions.	& R in an App	proved	Ν		11.0
	······································				Y/N	
	Dad Dahta				1.00	-
2.00	Bad Debts Is the provider seeking reimbursement for bad debts? If yes If line 12 is yes, did the provider's bad debt collection p			ost reporting	Y N	12. C
4.00	period? If yes, submit copy. If line 12 is yes, were patient deductibles and/or co-payme Bed Complement	ents waived? If	⁻yes, see ins	structions.	N	14.0
5.00	Did total beds available change from the prior cost reporti	Par	yes, see ins t A	tructions. Par	N t B	15.0
		Y/N	Date	Y/N	Date	
	PS&R Data	1.00	2.00	3.00	4.00	
	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	Ν		N		16. C
7.00	instructions) 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	Y	04/03/2019	Y	04/03/2019	17.0
3. 00	in columns 2 and 4. (see instructions) If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this	Ν		Ν		18.0
9. 00	cost report? If yes, see instructions. If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	Ν		Ν		19. (

Health Financial Systems

### FRANCISCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10

	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider C		Period: From 01/01/2018	Worksheet S-2	2002 10
				To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
			ption	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R	(	0	1.00 N	3.00 N	20.00
20.00	Report data for Other? Describe the other adjustments:		-			20.00
		Y/N 1.00	Date 2.00	Y/N 3.00	  	
21.00	Was the cost report prepared only using the provider's	N	2.00	N	4.00	21.00
	records? If yes, see instructions.					
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCL	EPT CHILDRENS H	OSPI TALS)			
22.00	Capital Related Cost Have assets been relifed for Medicare purposes? If yes, see	o instructions			N	22.00
	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		als made durir	ng the cost	N	23.00
24.00	Were new leases and/or amendments to existing leases entero If yes, see instructions	ed into during	this cost repo	orting period?	Ν	24.00
25.00	Have there been new capitalized leases entered into during instructions.	the cost repor	ting period? I	f yes, see	Ν	25.00
	Were assets subject to Sec. 2314 of DEFRA acquired during the instructions.	·	0 1		Ν	26.00
27.00	Has the provider's capitalization policy changed during the copy.	e cost reportin	g period? If y	ves, submit	N	27.00
28.00	Interest Expense Were new Loans, mortgage agreements or letters of credit en	ntered into dur	ing the cost r	reporting	N	28.00
29.00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or		bt Service Res	serve Fund)	Y	29.00
30.00	treated as a funded depreciation account? If yes, see inst Has existing debt been replaced prior to its scheduled matu instructions.		debt? If yes,	see	Ν	30.00
31.00	Has debt been recalled before scheduled maturity without is instructions.	ssuance of new	debt? If yes,	see	Ν	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care set arrangements with suppliers of services? If yes, see instru		d through cont	ractual	Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 app no, see instructions.	plied pertainin	g to competiti	ve bidding? If	Ν	33.00
24.00	Provi der-Based Physi ci ans			al altraited and	N N	1 24 00
34.00	Are services furnished at the provider facility under an all f yes, see instructions.	rrangement with	i provider-base	ed physicians?	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended exi physicians during the cost reporting period? If yes, see in		its with the pr	rovi der-based	Ν	35.00
				Y/N 1.00	Date 2.00	
	Home Office Costs			1.00	2.00	
	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 p If yes, see instructions.	repared by the	home office?	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home of the provider? If yes, enter in column 2 the fiscal year end			Ν		38.00
39.00	If line 36 is yes, did the provider render services to othe see instructions.			Ν		39.00
40.00	If line 36 is yes, did the provider render services to the instructions.	home office?	lfyes, see	Ν		40.00
		1.	00	2.	00	-
	Cost Report Preparer Contact Information	· · · ·		2.		
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3,	STEVE		HOWELL		41.00
42.00	respectively. Enter the employer/company name of the cost report	FRANCI SCAN HEA	LTH			42.00
43.00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-428-5927		STEVEN. HOWELL@ ANCE. ORG	FRANCI SCANALLI	43.00

Heal th	Financial Systems FRANC	CISCAN HEAL	TH LAFAYETTE	In Lie	u of Form CMS-	2552-10
H0SPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTION	NNAI RE	Provider CCN: 15-010	Period:	Worksheet S-2	
				rom 01/01/2018 o 12/31/2018		pared: 9 pm
			3.00			
	Cost Report Preparer Contact Information			_		
41.00	Enter the first name, last name and the title/pos	sition M	MANAGER REIMBURSEMENT			41.00
	held by the cost report preparer in columns 1, 2,	and 3,				
	respecti vel y.					
42.00	Enter the employer/company name of the cost repor	^t				42.00
	preparer.					
43.00	Enter the telephone number and email address of t	the cost				43.00
	report preparer in columns 1 and 2, respectively.					

HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC	AL DATA	Provider CC	N: 15-0109	Peri od: From 01/01/2018 To 12/31/2018	Date/Time Prep	
	Component	Worksheet A Line Number	No. of Beds	Bed Days Avai I abl e		5/30/2019 2:30 I/P Days / O/P Visits / Trips Title V	9 pm
		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	158	58, 54			1. 00
2.00 3.00 4.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider						2.00 3.00 4.00
5.00 6.00 7.00	Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation		158	58, 54	13 0. 00	0 0 0	5.00 6.00 7.00
8.00	beds) (see instructions) INTENSIVE CARE UNIT	31.00	16	5, 84			8.00
9.00 10.00 11.00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	31.00	10	5, 64	-0 0.00	0	9.00 10.00
12.00 13.00	NEONATAL INTENSIVE CARE UNIT	35. 00 43. 00	14	5, 11	0.00	0	12.00 13.00
14. 00 15. 00	NURSERY Total (see instructions) CAH visits	43.00	188	69, 49	0.00		14.00 15.00
16. 00 17. 00 18. 00	SUBPROVI DER - I PF SUBPROVI DER - I RF SUBPROVI DER	41.00	15	5, 77	72	0	16.00 17.00 18.00
19. 00 20. 00 21. 00	SKILLED NURSING FACILITY NURSING FACILITY OTHER LONG TERM CARE						19.00 20.00 21.00
22.00 23.00 24.00	HOME HEALTH AGENCY AMBULATORY SURGI CAL CENTER (D. P. ) HOSPI CE	101. 00 116. 00	О		0	0	22.00 23.00 24.00
24. 10 25. 00 26. 00	HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC	30. 00					24. 10 25. 00 26. 00
26. 25 27. 00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26)	89.00	203			0	26. 25 27. 00
28.00 29.00 30.00 31.00	Observation Bed Days Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF					0	28.00 29.00 30.00 31.00
31.00 32.00 32.01	Labor & delivery days (see instructions) Total ancillary labor & delivery room outpatient days (see instructions)		0		0		32.00 32.00
33. 00 33. 01	LTCH non-covered days LTCH si te neutral days and discharges						33. 00 33. 0 <sup>.</sup>

05911	AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC		Provider CC	F	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part I Date/Time Pre 5/30/2019 2:3	pared:
		I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
	Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
. 00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15, 318	468	34, 271	1		1.00
. 00	HMO and other (see instructions)	4, 707	9, 983				2.00
. 00	HMO I PF Subprovi der	0	0				3.00
. 00	HMO I RF Subprovi der	0	0				4.00
. 00	Hospital Adults & Peds. Swing Bed SNF	0	0	(	0		5.00
. 00	Hospital Adults & Peds. Swing Bed NF	0	0				6.00
. 00	Total Adults and Peds. (exclude observation beds) (see instructions)	15, 318	468	34, 27	1		7.00
. 00	INTENSI VE CARE UNI T	2, 240	58	4, 326	4		8.00
. 00	CORONARY CARE UNIT	2,210	00	1, 020			9.00
0.00	BURN INTENSIVE CARE UNIT						10.00
	SURGICAL INTENSIVE CARE UNIT						11.00
1.00			107	0 17	,		
2.00	NEONATAL INTENSIVE CARE UNIT	0	197	3, 176			12.00
3.00	NURSERY	47 550	500	3, 243			13.00
4.00	Total (see instructions)	17, 558	1, 223	45, 016		1, 369. 07	
5.00	CAH visits	0	0	(	C		15.00
6.00	SUBPROVIDER - IPF						16.00
7.00	SUBPROVIDER - IRF	1, 905	550	3, 696	6 0.00	19.59	
8.00	SUBPROVIDER						18.00
9.00	SKILLED NURSING FACILITY						19.0
0.00	NURSING FACILITY						20.0
1.00	OTHER LONG TERM CARE						21.00
2.00	HOME HEALTH AGENCY	9, 511	0	16, 448	3 0.00	39.56	22.00
3.00	AMBULATORY SURGICAL CENTER (D. P.)						23.00
4.00	HOSPI CE	0	0	(	0.00	28.80	24.00
4.10	HOSPICE (non-distinct part)			(	D		24.10
5.00	CMHC - CMHC						25.00
6.00	RURAL HEALTH CLINIC						26.00
6.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	(	0.00	0.00	
7.00	Total (sum of lines 14-26)	-	-		0.00	1, 457. 02	
8.00	Observation Bed Days		0	(	0	.,	28.00
9.00	Ambul ance Trips	0	U U				29.00
0.00	Employee discount days (see instruction)	Ű		(			30.0
1.00	Employee discount days - IRF						31.0
2.00	Labor & delivery days (see instructions)	0	231	478			32.00
		U	231		5		
2. 01	Total ancillary labor & delivery room			l			32.01
2 00	outpatient days (see instructions)						22 00
3.00	LTCH non-covered days LTCH site neutral days and discharges	0					33.0 33.0

	Financial Systems AL AND HOSPITAL HEALTH CARE COMPLEX STATISTIC.	AL DATA	Provider CC	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part I Date/Time Prep 5/30/2019 2:30	pared:
		Full Time Equivalents		Di s	charges	373072017 2.3	
	Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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, 95	59 173	10, 089	1.00
2.00 3.00 4.00 5.00 6.00	HMO and other (see instructions) HMO IPF Subprovider HMO IRF Subprovider Hospital Adults & Peds. Swing Bed SNF Hospital Adults & Peds. Swing Bed NF			92	29 2, 687 0 0		2.00 3.00 4.00 5.00
6.00 7.00 8.00 9.00	Total Adults & Peds. Swing Bed NF Total Adults and Peds. (exclude observation beds) (see instructions) INTENSIVE CARE UNIT CORONARY CARE UNIT						8.00 7.00 8.00 9.00
10. 00 11. 00 12. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT						9.00 10.00 11.00 12.00
13.00 14.00 15.00 16.00	NURSERY Total (see instructions) CAH visits SUBPROVIDER - IPF	0. 00	0	3, 9!	59 173	10, 089	13.00 14.00 15.00 16.00
17.00 18.00 19.00 20.00	SUBPROVI DER – I RF SUBPROVI DER SKI LLED NURSI NG FACI LI TY NURSI NG FACI LI TY	0.00	0	10	55 37	289	17.00 18.00 19.00 20.00
21.00 22.00 23.00	OTHER LONG TERM CARE HOME HEALTH AGENCY AMBULATORY SURGICAL CENTER (D. P. )	0.00					21.00 22.00 23.00
24.00 24.10 25.00 26.00	HOSPICE HOSPICE (non-distinct part) CMHC - CMHC RURAL HEALTH CLINIC	0. 00					24.00 24.10 25.00 26.00
26. 25 26. 25 27. 00 28. 00	FEDERALLY QUALIFIED HEALTH CENTER Total (sum of lines 14-26) Observation Bed Days	0. 00 0. 00					26. 25 26. 25 27. 00 28. 00
29.00 30.00 31.00 32.00 32.01	Ambulance Trips Employee discount days (see instruction) Employee discount days - IRF Labor & delivery days (see instructions) Total ancillary labor & delivery room						29.00 30.00 31.00 32.00 32.01
33. 00 33. 01	outpatient days (see instructions) LTCH non-covered days LTCH site neutral days and discharges				0 0		33. 00 33. 01

PLL	AL WAGE INDEX INFORMATION			Provider C		Period: From 01/01/2018 To 12/31/2018		pare
		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Related to	Average Hourly Wage (col. 4 ÷ col. 5)	
	PART II - WAGE DATA	1.00	2.00	3.00	4.00	5.00	6.00	
	SALARIES							1
00	Total salaries (see	200.00	114, 229, 927	0	114, 229, 92	7 3, 030, 590. 28	37.69	1.
00	instructions) Non-physician anesthetist Part		(	o		0.00	0.00	2.
00	A Non physician aposthatist Dart		(			0 0.00	0.00	3.
0	Non-physician anesthetist Part B		(			0.00	0.00	3
00	Physician-Part A - Administrative		(	0		0 0.00	0.00	4
)1	Physicians - Part A - Teaching		(	o		0.00		4
00	Physician and Non Physician-Part B		(	0		0 0.00	0. 00	5
00	Non-physician-Part B for		(	o		0.00	0. 00	6
	hospital -based RHC and FQHC							
00	services Interns & residents (in an	21.00	(	o		0 0.00	0.00	7
	approved program)							
)1	Contracted interns and residents (in an approved		(	0		0 0.00	0.00	7
	programs)							
00	Home office and/or related organization personnel		(	0		0 0.00	0.00	8
00	SNF	44.00	(	0		0 0.00		
00	Excluded area salaries (see instructions)		18, 389, 509	334, 463	18, 723, 97	2 384, 540. 73	48.69	10
	OTHER WAGES & RELATED COSTS				I			
00	Contract Labor: Direct Patient		4, 016, 604	۹ ٥	4, 016, 60	4 71, 792. 10	55.95	11
00	Care Contract Labor: Top Level		(	o		0 0.00	0.00	12
	management and other							
	management and administrative services							
00	Contract Labor: Physician-Part		(	0		0.00	0. 00	13
00	A - Administrative Home office and/or related		(			0 0.00	0.00	14
00	organization salaries and		·			0.00		
01	wage-related costs Home office salaries		15, 890, 940		15, 890, 94	0 427, 317.00	37.19	1/
	Related organization salaries		(13, 070, 740		10,000,74	0 0.00		
00	Home office: Physician Part A - Administrative		(	0		0 0.00	0.00	15
00	Home office and Contract		(	o		0.00	0.00	16
	Physicians Part A - Teaching							
	WAGE-RELATED COSTS Wage-related costs (core) (see		23, 781, 414	l 0	23, 781, 41	4		17
	instructions)							
00	Wage-related costs (other) (see instructions)		(	0		0		18
00	Excluded areas		4, 563, 09	0	4, 563, 09	1		19
00	Non-physician anesthetist Part A		(	0		U		20
00	Non-physician anesthetist Part		(	0		0		21
00	B Physician Part A -		(			0		22
	Admi ni strati ve			_				
	Physician Part A - Teaching Physician Part B		(			0		22
	Wage-related costs (RHC/FQHC)		(			0		24
00	Interns & residents (in an		(	0		0		25
50	approved program) Home office wage-related		6,034,609	0	6, 034, 60	9		25
	(core)							
51	Related organization wage-related (core)		(	0		U		25
52	Home office: Physician Part A		(	0		о		25
	- Administrative - wage-related (core)							
53	Home office & Contract		(	o		о		25
	Physicians Part A - Teaching -							
	wage-related (core)			I	I	1	I	1
	OVERHEAD COSTS - DIRECT SALARIE	S						

Heal th	Financial Systems	F	RANCI SCAN HEAI	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CO	F	Period: From 01/01/2018 To 12/31/2018		
							5/30/2019 2: 3	9 pm
		Wkst. A Line		Reclassi fi cati	Adj usted		Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	$(col.2 \pm col.$		col. 5)	
				A-6)	3)	col. 4		
	1	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		578, 549	0	578, 549	6, 263. 00	92.38	28.00
29.00	Maintenance & Repairs	6.00	0	0	(	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3, 224, 045	0	3, 224, 045	5 124, 824. 19	25.83	30.00
31.00	Laundry & Linen Service	8.00	132, 737	0	132, 737	8, 409. 00	15. 79	31.00
32.00	Housekeepi ng	9.00	2,097,958	0	2, 097, 958	3 133, 835. 39	15.68	32.00
33.00	Housekeeping under contract (see instructions)		0	0	(	0.00	0.00	33. 00
34.00	Dietary	10.00	2, 331, 204	-1, 428, 000	903, 204	55, 014. 41	16. 42	34.00
35.00	Dietary under contract (see instructions)		0	0	(	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1, 428, 000	1, 428, 000	86, 979. 96	16. 42	36.00
37.00	Maintenance of Personnel	12.00	0	0	(	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3, 264, 834	0	3, 264, 834	1 70, 408. 24	46.37	38.00
39.00	Central Services and Supply	14.00	368, 917	0	368, 917	19, 022. 00	19.39	39.00
40.00	Pharmacy	15.00	2, 873, 395	-75, 317	2, 798, 078	73, 117. 56	38. 27	40.00
41.00	Medi cal Records & Medi cal Records Li brary	16. 00	60, 161		18, 993	3 757.53		
42.00	Social Service	17.00	656, 723	0	656, 723	23, 687. 26	27.72	42.00
43.00	Other General Service	18.00	0	0		0.00		43.00

Heal th	Financial Systems	I	FRANCI SCAN HEA	LTH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provider CC		Period:	Worksheet S-3	
						From 01/01/2018 To 12/31/2018		pared.
							5/30/2019 2:3	
		Worksheet A		Recl assi fi cati	,		Average Hourly	
		Line Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from	(col.2 ± col.		col. 5)	
				Worksheet A-6)	3)	col. 4		
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY				-		
1.00	Net salaries (see		114, 808, 476	0	114, 808, 47	6 3, 036, 853. 28	37.81	1.00
	instructions)							
2.00	Excluded area salaries (see		18, 389, 509	334, 463	18, 723, 97	2 384, 540. 73	48.69	2.00
	instructions)							
3.00	Subtotal salaries (line 1		96, 418, 967	-334, 463	96, 084, 50	4 2, 652, 312. 55	36.23	3.00
	minus line 2)							
4.00	Subtotal other wages & related		19, 907, 544	0	19, 907, 54	4 499, 109. 10	39.89	4.00
	costs (see inst.)							
5.00	Subtotal wage-related costs		29, 816, 023	0	29, 816, 02	3 0.00	31.03	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		146, 142, 534	-334, 463	145, 808, 07	1 3, 151, 421. 65	46. 27	6.00
7.00	Total overhead cost (see		40, 013, 322	-152, 808	39, 860, 51	4 833, 831. 41	47.80	7.00
	instructions)							

Heal th	Financial Systems FRANCISCAN HEAL	TH LAFAYETTE	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE RELATED COSTS	Provider CCN: 15-0109	Peri od: From 01/01/2018 To 12/31/2018		pared:
				Amount Reported	
				1.00	
	PART IV - WAGE RELATED COSTS			1.00	
	Part A - Core List				1
	RETI REMENT COST				
1.00	401K Employer Contributions			0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			6, 844, 303	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0	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			417, 236	7.00
	HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0	
8.01	Health Insurance (Self Funded without a Third Party Adminis			0	
8.02	Health Insurance (Self Funded with a Third Party Administra	tor)		11, 951, 677	
8.03 9.00	Heal th Insurance (Purchased)			0	
9.00	Prescription Drug Plan Dental, Hearing and Vision Plan			-	
11.00	Life Insurance (If employee is owner or beneficiary)			1, 033, 482 62, 044	
12.00	Accident Insurance (If employee is owner or beneficiary)			02,044	
12.00	Disability Insurance (If employee is owner or beneficiary)			289, 762	
14.00	Long-Term Care Insurance (If employee is owner or beneficia	ry)		209,702	
15.00	'Workers' Compensation Insurance			712, 360	
16.00	Retirement Health Care Cost (Only current year, not the ext	raordinary accrual require	ed by FASB 106	, 12, 000	
101.00	Non cumulative portion)			Ū	10100
	TAXES				
17.00	FICA-Employers Portion Only			7, 000, 846	17.00
18.00	Medicare Taxes - Employers Portion Only			0	18.00
19.00	Unemployment Insurance			32, 795	19.00
20.00	State or Federal Unemployment Taxes			0	20.00
	OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost instructions))	Reported on lines 1 throu	igh 4 above. (see	0	21.00
	Day Care Cost and Allowances			0	22.00
	Tuition Reimbursement			0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28, 344, 505	24.00
	Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0	25.00

Heal th	Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-2	2552-10
HOSPI T	AL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0109	Peri od:	Worksheet S-3	
				From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Cost Center Description			Contract Labor		7 pm
	bost benter beschiption			1.00	2.00	
	PART V - Contract Labor and Benefit Cost					
	Hospital and Hospital-Based Component Ident	i fi cati on:				
1.00	Total facility's contract labor and benefit	t cost		4, 016, 604	23, 781, 414	1.00
2.00	Hospi tal			4, 016, 604	23, 781, 414	2.00
3.00	Subprovider - IPF					3.00
4.00	Subprovider - IRF			0	0	4.00
5.00	Subprovider - (Other)			0	0	5.00
6.00	Swing Beds - SNF			0	0	6.00
7.00	Swing Beds - NF			0	0	7.00
8.00	Hospital-Based SNF					8.00
9.00	Hospital-Based NF					9.00
10.00	Hospi tal -Based OLTC					10.00
11.00	Hospital-Based HHA			0	0	11.00
12.00	Separately Certified ASC					12.00
13.00	Hospi tal -Based Hospi ce			0	0	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

		FRANCI SCAN HEALT		01 15 0100		eu of Form CMS-	
HUME F	EALTH AGENCY STATISTICAL DATA		Provider C Component		Period: From 01/01/2018 To 12/31/2018		pared:
					Home Health Agency I	PPS	
					1.	00	-
0.00	County		<b>T</b> I II NA // II		0.11		0.00
		Title V 1.00	Title XVIII 2.00	Title XIX 3.00	0ther 4.00	Total 5.00	
1.00	HOME HEALTH AGENCY STATISTICAL DATA Home Health Aide Hours	0	C		0 0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.0	0 0.00	0.00	
					oloyees (Full Ti		
		Enter the numbe your normal		Staff	Contract	Total	
		0		1.00	2.00	3.00	
0.00	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00 4.00	Administrator and Assistant Administrator(s) Director(s) and Assistant Director(s)		0.00	0.0 0.0			•
5.00	Other Administrative Personnel			0.0			•
6.00	Direct Nursing Service			0.0			•
7.00 8.00	Nursing Supervisor Physical Therapy Service			0.0			•
8.00 9.00	Physical Therapy Supervisor			0.0			•
10.00	Occupational Therapy Service			0.0			
11.00	Occupational Therapy Supervisor			0.0			•
12.00 13.00	Speech Pathol ogy Servi ce Speech Pathol ogy Supervi sor			0.0			•
14.00	Medical Social Service			0.0			•
15.00	Medical Social Service Supervisor			0.0			15.00
16.00	Home Health Aide			0.0			
17.00 18.00	Home Health Aide Supervisor Other (specify)			0.0			•
	HOME HEALTH AGENCY CBSA CODES	1		1			1
19. 00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				4		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			20.00
20. 01				26900			20.01
20. 02				29200			20. 02
20. 03		Full Epi		99915			20.03
		Without V		LUPA Epi sodes	2	Total (cols.	
		0utliers 1.00	2.00	3.00	Epi sodes 4.00	1-4) 5.00	
	PPS ACTIVITY DATA					1 1 057	
21.00 22.00	Skilled Nursing Visits Skilled Nursing Visit Charges	3, 675 1, 378, 468	442 165, 994				•
23.00	Physical Therapy Visits	2, 867	129				
24.00	Physical Therapy Visit Charges	1, 115, 812	50, 310				•
25.00	Occupational Therapy Visits Occupational Therapy Visit Charges	967	74 28, 860	1			•
26.00 27.00	Speech Pathol ogy Visits	376, 085 127	20, 000		0 3, 900 1 0		1
28.00	Speech Pathology Visit Charges	49, 473	6, 240	39	0 0		28.00
29.00	Medical Social Service Visits	43	1	45	1 3	48	•
30.00 31.00	Medical Social Service Visit Charges Home Health Aide Visits	19, 282 662	452 136		2 1, 356 5 10		•
32. 00 33. 00	Home Health Aide Visit Charges Total visits (sum of lines 21, 23, 25, 27,	119, 971 8, 341	24, 752 798	91	0 1, 820	147, 453	32.00
34.00 35.00	29, and 31) Other Charges Total Charges (sum of lines 22, 24, 26, 28,	0 3, 059, 091	0 276, 608		0 0 3 42, 130		•
36.00	30, 32, and 34) Total Number of Episodes (standard/non outlier)	602		9	5 7	704	36.00
37.00 38.00	Total Number of Outlier Episodes Total Non-Routine Medical Supply Charges	110, 732	25 11, 238		4 2 4	27 126, 538	

	n Financial Systems TAL-BASED HOSPICE IDENTIFICATION		FRANCI SCAN HEA	Provider C	NI 15 0100		u of Form CMS-2 Worksheet S-9	
10591	TAL-BASED HUSPICE IDENTIFICATION	DATA			N: 15-0109	Period: From 01/01/2018 To 12/31/2018	PARTS I THROU	GH IV pared:
						Hospi ce I		
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII	Title XIX	All Other	Total (sum of	
				Skilled	Nursi ng		cols. 1, 2 &	
				Nursi ng	Facility		5)	
				Facility			ŕ	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS FOR CO	ST REPORTING P	PERIODS BEGINNI	NG BEFORE OCTO	BER 1, 2015			
. 00	Hospice Continuous Home Care							1.00
. 00	Hospice Routine Home Care							2.00
. 00	Hospice Inpatient Respite Care							3.0
. 00	Hospice General Inpatient Care							4.0
. 00	Total Hospice Days							5.0
	Part II - CENSUS DATA FOR COST	REPORTING PERI	ODS BEGI NNI NG	BEFORE OCTOBER	1, 2015			
. 00	Number of patients receiving							6.0
	hospi ce care							7 0
7.00	Total number of unduplicated Continuous Care hours billable							7.00
	to Medicare							
8. 00	Average Length of Stay (line 5							8.0
. 00	/ line 6)							0.0
9.00	Unduplicated census count							9.0
	Parts I and II, columns 1 and 2	also include 1	the days report	ted in columns	3 and 4.			
				Title XVIII	Title XIX	Other	Total (sum of	
							col s. 1	
							through 3)	
				1.00	2.00	3.00	4.00	
	PART III - ENROLLMENT DAYS FOR	COST REPORTING	FPERIODS BEGIN	INING ON OR AFT	ER OCTOBER 1,		-	
0.00	Hospice Continuous Home Care			1		0 0	1	10.0
1.00				28, 075		0 1, 922	29, 997	
2.00	Hospice Inpatient Respite Care			52		0 21		12.0
3.00				14		0 27		13.0
4.00				28, 142		0 1, 970	30, 112	14.0
F 00	PART IV - CONTRACTED STATISTICA	L DATA FOR COS	I REPORTING PE					15.0
5.00	Hospice Inpatient Respite Care Hospice General Inpatient Care			0		0 0 0 0		15.0
	THOSDICE GENERAL INDATIENT CARE			1 0	1	0 0	0	1 16.0

Heal th	Financial Systems FRANCISCAN HEALTH L	AFAYETTE		In Li€	eu of Form CMS-2	2552-10
HOSPI T	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CC	N: 15-0109	Peri od:	Worksheet S-1	0
				From 01/01/2018 To 12/31/2018		
					1.00	
1.00	Uncompensated and indigent care cost computation Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	idod by Lir	20.202 column	0)	0. 201830	1.00
1.00	Medicaid (see instructions for each line)			0)	0.201830	1.00
2.00	Net revenue from Medicaid				53, 552, 987	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				33, 332, 707	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplement.	al payments	s from Medica	i d?		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments fr				0	5.00
6.00	Medicaid charges				213, 356, 398	6.00
7.00	Medicaid cost (line 1 times line 6)				43, 061, 722	
8.00	Difference between net revenue and costs for Medicaid program ( < zero then enter zero)	es 2 and 5; if	0			
	Children's Health Insurance Program (CHIP) (see instructions for	r each line	e)			
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	
12.00	Difference between net revenue and costs for stand-alone CHIP (	line 11 mir	nus line 9; i	f < zero then	0	12.00
	enter zero)					
40.00	Other state or local government indigent care program (see inst			<u>`````````````````````````````````````</u>		10.00
13.00	Net revenue from state or local indigent care program (Not incl				0	
14.00	Charges for patients covered under state or local indigent care 10)	program (i	vot incruded	In Thes 6 of	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 ind		program (lin	e 15 minus line	0	
10.00	13; if < zero then enter zero)	rgent oure	program (i i i		, o	10.00
	Grants, donations and total unreimbursed cost for Medicaid, CHII	P and state	e/local indig	ent care progra	ns (see	1
	instructions for each line)				1	
17.00	Private grants, donations, or endowment income restricted to fu				0	
18.00	Government grants, appropriations or transfers for support of h			( C.I.I	0	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local 8, 12 and 16)	indigent o	care programs	(sum of lines	0	19.00
			Uni nsured	Insured	Total (col. 1	
		-	patients	patients	+ col . 2)	
	Uncompensated Care (see instructions for each line)		1.00	2.00	3.00	
20.00	Charity care charges and uninsured discounts for the entire fac	ility	32, 390, 02	3 13, 764, 226	46, 154, 249	20.00
20.00	(see instructions)	i i i i i i i i i i i i i i i i i i i	52, 570, 02	5 15,704,220	40, 134, 247	20.00
21.00	Cost of patients approved for charity care and uninsured discou instructions)	nts (see	6, 537, 27	8 13, 764, 226	20, 301, 504	21.00
22.00	Payments received from patients for amounts previously written	off as	90	1 226	1, 127	22.00
23.00	charity care Cost of charity care (line 21 minus line 22)		6, 536, 37	7 13, 764, 000	20, 300, 377	23.00
					1.00	
24.00	Does the amount on line 20 column 2, include charges for patien	t dave boy	and a longth	of stay limit	1.00 N	24.00
	imposed on patients covered by Medicaid or other indigent care	program?	0	5		
25.00	If line 24 is yes, enter the charges for patient days beyond th stay limit	0	25.00			
26.00	Total bad debt expense for the entire hospital complex (see ins				22, 633, 539	
27.00	Medicare reimbursable bad debts for the entire hospital complex				762, 264	
27.01	Medicare allowable bad debts for the entire hospital complex (s	ee instruct	tions)		1, 172, 714	
28.00	Non-Medicare bad debt expense (see instructions)				21, 460, 825	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	ense (see i	nstructions)		4, 741, 888	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	no 20)			25, 042, 265	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			25, 042, 265	31.00

ECLASS	IFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	= EXPENSES	Provider CO	F	eriod: rom 01/01/2018	Worksheet A	
				Т	0 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Cost Center Description	Sal ari es	Other	Total (col. 1 + col. 2)	Reclassificati	Reclassified Trial Balance	
				+ COL 2)	ons (See A-6)	(col. 3 +-	
						col. 4)	
0	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
	DO100 CAP REL COSTS-BLDG & FIXT		17, 082, 908	17, 082, 908	7, 343, 858	24, 426, 766	1 1
	00200 CAP REL COSTS-MVBLE EQUIP		0	0			
	DO400 EMPLOYEE BENEFITS DEPARTMENT	1, 712, 925	29, 222, 704	30, 935, 629			
	01160 COMMUNI CATI ONS	510, 522	769, 280	1, 279, 802			
· · · ·	01140 MGMT INFO SYSTEMS 00550 PURCHASING	4, 422 0	874, 477 323, 639	878, 899 323, 639		878, 899 323, 639	
	DOSTO ADMITTING	0	4, 805	4, 805		4, 805	
	DO580 PATIENT ACCOUNTING	0	1, 743, 891	1, 743, 891	0	1, 743, 891	
	00560 OTHER ADMINISTRATIVE AND GENERAL	22, 196, 930	39, 259, 917	61, 456, 847	136, 097	61, 592, 944	5
	DO700 OPERATION OF PLANT	3, 224, 045	7, 461, 391	10, 685, 436			
	00800 LAUNDRY & LINEN SERVICE	132, 737	891, 349			1, 024, 086	
	00900 HOUSEKEEPI NG 01000 DI ETARY	2, 097, 958 2, 331, 204	1, 008, 257 1, 512, 458				
	D1100 CAFETERIA	2, 331, 204	1, 512, 458	3, 843, 882			
	01300 NURSI NG ADMI NI STRATI ON	3, 264, 834	168, 019			3, 422, 431	
. 00 0	01400 CENTRAL SERVICES & SUPPLY	368, 917	1, 134, 096	1, 503, 013	-946, 204	556, 809	14
	D1500 PHARMACY	2, 873, 395	8, 703, 256				
	01600 MEDI CAL RECORDS & LI BRARY	60, 161	163, 929			64, 599	
	D1700 SOCIAL SERVICE D2000 NURSING SCHOOL	656, 723	3, 447 311, 075			660, 170	
	D2301 PHARMACY RESIDENCY	1, 961, 338 162, 384	16, 930			2, 569, 370 351, 381	
	D2300 EMS EDUCATION	122, 463	19, 476			295, 639	
	NPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDI ATRI CS	19, 010, 115	3, 051, 329				
	03100 INTENSIVE CARE UNIT	3, 416, 589	466, 814	3, 883, 403		3, 633, 716	
	D2060 NEONATAL INTENSIVE CARE UNIT	1, 809, 386	826, 593			2, 563, 376	
	04100 SUBPROVI DER – I RF 04300 NURSERY	1, 342, 483 0	217, 035 0	1, 559, 518 0		1, 513, 172 535, 254	
	ANCI LLARY SERVI CE COST CENTERS	<u> </u>	0	0	555, 254	555, 254	43
	D5000 OPERATI NG ROOM	3, 928, 188	25, 642, 210	29, 570, 398	-21, 990, 367	7, 580, 031	50
. 00 0	D5100 RECOVERY ROOM	647, 254	40, 229		-36, 468		
	D5200 DELIVERY ROOM & LABOR ROOM	0	0	0	-,,		
	05400 RADI OLOGY-DI AGNOSTI C	3, 444, 167	6, 474, 871	9, 919, 038		8, 204, 417	
	03630 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	353, 563	324, 986	678, 549		662, 368	
	03950 CARDI AC CATH LAB	341, 262 1, 281, 781	100, 327 4, 726, 845	441, 589 6, 008, 626			
	05700 CT SCAN	716, 465	429, 205				
	05800 MRI	233, 580	185, 998			362, 371	
. 00 0	D6000 LABORATORY	0	9, 991, 059	9, 991, 059	-92, 305	9, 898, 754	60
	06500 RESPI RATORY THERAPY	2, 139, 941	695, 839			2, 324, 153	
	06600 PHYSI CAL THERAPY	3, 798, 723	542, 089				
	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 375, 856 463, 949	66, 848 9, 304	1, 442, 704 473, 253		1, 410, 661 470, 683	
	06900 ELECTROCARDI OLOGY	1, 608, 088	977, 651	2, 585, 739		2, 569, 856	
	07000 ELECTROENCEPHALOGRAPHY	688, 376	149, 012	837, 388		788, 433	
. 00 0	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		12, 342, 632	71
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		19, 100, 155	
	07300 DRUGS CHARGED TO PATIENTS	0	0	0	8, 209, 365	8, 209, 365	
	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	345, 492	11, 314	356, 806		355, 715	
	07698 HYPERBARI C OXYGEN THERAPY	149, 665 347	681, 077 62, 574	830, 742 62, 921		813, 185 63, 356	
	DUTPATIENT SERVICE COST CENTERS	547	02, 374	02, 721	430	03, 330	1 '
	09000 CLINIC	437, 056	677, 840	1, 114, 896	-272, 861	842, 035	90
. 00 0	D9100 EMERGENCY	6, 958, 005	2, 484, 496	9, 442, 501	-1, 173, 271	8, 269, 230	
	04950 WOUND CARE	1, 442, 498	492, 980	1, 935, 478	-454, 398	1, 481, 080	
1	09200 OBSERVATION BEDS (NON-DISTINCT PART	1 015 000	E20 ( 44	0 044 040		0 OF1 000	92
	D9201 OBSERVATION BEDS (DISTINCT PART)	1, 815, 299	529, 641	2, 344, 940	-293, 701	2, 051, 239	92
	09500 AMBULANCE SERVICES	2, 229, 659	829, 842	3, 059, 501	-239, 073	2, 820, 428	95
	10100 HOME HEALTH AGENCY	3, 300, 039	3, 910, 553				
S	SPECIAL PURPOSE COST CENTERS						
	11300 INTEREST EXPENSE		10, 008, 920			-59, 591	
	11600 HOSPI CE	1, 872, 993	2, 222, 965				
8.00	SUBTOTALS (SUM OF LINES 1 through 117)	106, 831, 777	187, 505, 750	294, 337, 527	0	294, 337, 527	1118
	IONREIMBURSABLE COST CENTERS	46, 922	31, 894	78, 816	0	78, 816	1100
	19200 PHYSI CLANS' PRI VATE OFFICES	7, 351, 228	7, 801, 862			15, 153, 090	
	D7950 MOB	0	9, 825	9, 825		9, 825	
4. 01 C	07951 LI FELI NE	0	0	0		0	194
	07952 PATIENT TRANSPORT	0	30, 302	30, 302		30, 302	
	07954 OTHER NONREIMBURSABLE COST CENTERS	O	0	0	0	0	194

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE C	OF EXPENSES	Provider CC		Period: From 01/01/2018	Worksheet A	
				To 12/31/2018		
Cost Center Description	Sal ari es	0ther	Total (col. 1	Recl assi fi cati	Recl assi fi ed	
			+ col. 2)	ons (See A-6)	Trial Balance	
					(col. 3 +-	
					col. 4)	
	1.00	2.00	3.00	4.00	5.00	
200.00 TOTAL (SUM OF LINES 118 through 199)	114, 229, 927	195, 379, 633	309, 609, 560	0 0	309, 609, 560	200. 00

CLAS	SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF	EXPENSES	Provider CCN: 15-01	From 01/01/2018	
				To 12/31/2018 Date/Time F 5/30/2019 2	
	Cost Center Description	(See A-8) F	Net Expenses For Allocation 7.00		
	GENERAL SERVICE COST CENTERS	6.00	7.00		
00	00100 CAP REL COSTS-BLDG & FIXT	2, 265, 398	26, 692, 164		1
00	00200 CAP REL COSTS-MVBLE EQUIP	1, 777, 576	6, 770, 735		2
00	00400 EMPLOYEE BENEFITS DEPARTMENT	8, 399, 619	39, 158, 456		4
01	01160 COMMUNI CATI ONS	0	1, 279, 802		5
02	01140 MGMT INFO SYSTEMS	14,064,494	14, 943, 393		5
03	00550 PURCHASI NG	1, 158, 356	1, 481, 995		5
04		0	4, 805		5
05	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL	3, 794, 040 -42, 860, 700	5, 537, 931 18, 732, 244		5
06 00	00700 OPERATION OF PLANT	-42, 860, 700 -151, 864	10, 527, 803		5
00	00800 LAUNDRY & LINEN SERVICE	-131, 004	1, 024, 086		8
00	00900 HOUSEKEEPING	-132, 639	2, 971, 607		9
	01000 DI ETARY	-367, 644	1, 097, 442		10
	01100 CAFETERI A	-1, 315, 875	1, 010, 575		11
	01300 NURSI NG ADMI NI STRATI ON	-497, 130	2, 925, 301		13
	01400 CENTRAL SERVICES & SUPPLY	-142,652	414, 157		14
. 00	01500 PHARMACY	371, 214	3, 327, 387		15
. 00	01600 MEDI CAL RECORDS & LI BRARY	1, 691, 592	1, 756, 191		16
. 00	01700 SOCI AL SERVI CE	0	660, 170		17
	02000 NURSI NG SCHOOL	-2, 070, 624	498, 746		20
	02301 PHARMACY RESIDENCY	-73, 085	278, 296		23
. 01	02300 EMS EDUCATION	0	295, 639		23
	INPATIENT ROUTINE SERVICE COST CENTERS	74.050	14 501 000		
	03000 ADULTS & PEDIATRICS	-71, 250	16, 501, 339		30
	03100 I NTENSI VE CARE UNI T	0	3, 633, 716		31
	02060 NEONATAL INTENSIVE CARE UNIT	-617,000	1,946,376		35
	04100 SUBPROVI DER – I RF 04300 NURSERY	-112, 594 0	1, 400, 578 535, 254		41
. 00	ANCI LLARY SERVICE COST CENTERS	0	555, 254		43
00	05000 OPERATI NG ROOM	-521, 598	7,058,433		50
	05100 RECOVERY ROOM	021,070	651,015		51
	05200 DELIVERY ROOM & LABOR ROOM	0	3, 489, 023		52
	05400 RADI OLOGY-DI AGNOSTI C	-94, 949	8, 109, 468		54
	03630 RADI OLOGY-THERAPEUTI C	0	662, 368		55
. 00	05600 RADI OI SOTOPE	-2, 175	400, 562		56
. 01	03950 CARDI AC CATH LAB	-258, 863	2, 369, 690		56
. 00	05700 CT SCAN	0	918, 830		57
. 00	05800 MRI	0	362, 371		58
	06000 LABORATORY	-14, 026	9, 884, 728		60
	06500 RESPI RATORY THERAPY	-5, 750	2, 318, 403		65
. 00	06600 PHYSI CAL THERAPY	-206, 005	3, 877, 302		66
. 00	06700 OCCUPATIONAL THERAPY	-41,672	1, 368, 989		67
	06800 SPEECH PATHOLOGY		470, 683		68
		-713, 567	1, 856, 289		69
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	788, 433		70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	12, 342, 632 19, 100, 155		71
	07200 TMPL. DEV. CHARGED TO PATTENTS	0	8, 209, 365		73
	07300 DRUGS CHARGED TO PATTENTS	-1, 211	8, 209, 365 354, 504		73
	07400 RENAL DI ALYSI S	-1,211	813, 185		74
	07698 HYPERBARI C OXYGEN THERAPY	0	63, 356		76
	OUTPATIENT SERVICE COST CENTERS		50, 000		
. 00	09000 CLINIC	-21, 778	820, 257		90
	09100 EMERGENCY	-865, 481	7, 403, 749		91
	04950 WOUND CARE	-20, 186	1, 460, 894		91
	09200 OBSERVATION BEDS (NON-DISTINCT PART				92
. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	2, 051, 239		92
	OTHER REIMBURSABLE COST CENTERS				
	09500 AMBULANCE SERVICES	0	2, 820, 428		95
1.00	10100 HOME HEALTH AGENCY	-596	7, 209, 996		101
	SPECIAL PURPOSE COST CENTERS				
	11300 INTEREST EXPENSE	59, 591	0		113
	11600 HOSPI CE	-305	4, 095, 653		116
8.00		-17, 599, 339	276, 738, 188		118
	NONREI MBURSABLE COST CENTERS				_
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	78, 816		190
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	15, 153, 090		192
	07950 MOB	0	9, 825		194
	07951 LI FELI NE	0			194
	07952 PATIENT TRANSPORT 07954 OTHER NONREIMBURSABLE COST CENTERS	0	30, 302		194 194
1 01		()			

International         Internat		Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE Provi der CCN: 15-0109		u of Form CMS-2552-10 Worksheet A-6
Image: Const Construct         Const Construct         Statary         Other           A         Set 77         3         3.00         4.00         9.00           1.00         A         Market Construct         1.00         1.00         1.00         2.00           2.00         A         0.00         0         1.00         2.00         4.00         2.00           2.00         A         0.00         0         1.00         0         2.00         4.00         2.00         4.00						From 01/01/2018	Date/Time Prepared:
Log         2.00         3.00         4.00         5.00           A. SPUCS         0         1.00         1.02.17         1.00         1.00           1.00         0.00         0.00         0.00         1.00         1.00         1.00           4.00         0.00         0.00         0.00         0.00         1.00<		Cost Contor		Salary	Othor		373072017 2.37 pm
1.00         AF REL COSTS-BLUG & FTXI         1.00         0         1.702,174         1.00         2.00           3.00         0.00         0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>							
2.00         0.00         0 </td <td>1 00</td> <td></td> <td>1.00</td> <td></td> <td>4 700 474</td> <td></td> <td>1.00</td>	1 00		1.00		4 700 474		1.00
3.00         0.00         0         0         0         4.00         4.00           5.00         0.00         0         0         0         6.00         7.00           5.00         0.00         0         0         0         7.00		CAP REL COSTS-BLDG & FIXI		-			1
5.00         0.00         0         0         5.00         5.00           7.00         0.00         0         0         0         0         0           0.00         0         0         0         0         0         0         0           0.00         0 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>				-			
0.00         0.00         0         0         0         0.00         0         0         0.00         0.00				-			
7.00         0.00         0 </td <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>1</td>				-	-		1
9.00         0.00 <th< td=""><td></td><td></td><td></td><td>-</td><td>0</td><td></td><td></td></th<>				-	0		
0         -         -         -         -         -         -         -         -         -         -         -         0           0.00         CPP RI L 0X51S MORE F RUP         2 00         0 <t< td=""><td></td><td></td><td></td><td>-</td><td>-</td><td></td><td></td></t<>				-	-		
B         - COUPMENT RENTAL         -           1.00         CAP REL COSTS-MUBLE EDUP         0.00         0         543,603         2.00           2.00         0         0.00         0         0         0.00         0.00           5.00         0.00         0         0         0         0.00         10.00         12.00         13.00         14.00         14.00         0.00         0.00         0.00         12.00	9.00	<u> </u>	0.00	•			9.00
2.00         0.00         0.00         0         0         2.00           4.00         0.00         0         0         0         0.00         4.00           5.00         0.00         0         0         0         0         0.00         0         0.00							
3.00         0.00         0         0         3.00           5.00         0.00         0         0         0           5.00         0.00         0         0         0           6.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0.00         0         0         0           7.00         0         12,342,632         1.00           7.00         0         12,342,632         1.00           7.00         0         19,100.155         3.00           7.00         0         0         0         0           7.00         0         0         0         0           7.00		CAP REL COSTS-MVBLE EQUIP					
5.00         0.00         0         0         6.00         6.00           7.00         0.00         0         0         6.00         7.00         8.00           9.00         0.00         0         0         0         9.00				-			
0.00         0.00         0         6.00         7.00           8.00         0.00         0         0         7.00           9.00         0.00         0         0         0         7.00           10.00         0.00         0         0         0         9.00           11.00         0.00         0         0         0         9.00           11.00         0.00         0         0         0         9.00           12.00         0.00         0         0         0         10.00         11.00           12.00         0.00         0         0         0         0         10.00         12.00           14.00         0.00         0         0         0         0         0         10.00         12.00           15.00         0.00         0         0         0         0         12.342.632         1.00         15.00           10.00         12.342.632         1.00         12.342.632         1.00         1.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00							
7.00         0.00         0         0         7.00         8.00           9.00         0.00         0         0         0         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00					-		
9.00         0.00         0         0         9.00           11.00         0.00         0.00         0         11.00           12.00         0.00         0         0         11.00         12.00           13.00         0.00         0         0         0         13.00         13.00           14.00         0.00         0         0         0         14.00         15.00           14.00         0.00         0         0         0         15.00         15.00           17.00         0         14.3.403         0         15.00         15.00           0         0.00         0         0         0         16.00         17.00           17.00         0         12.342.632         1         1.00         10.00         15.00           1.00         IMPL DV. CLASUPPLIS CHARGED TO         71.00         12.342.632         3.00         3.00           1.00         IMPL DV. CLARGED TO         72.00         19.100.155         2.00         3.00           3.00         IMPL REART CLASUPPLIES CHARGED TO         70.00         0         0.00         0         0.00         0.00         0.00         0.00         0.00         0.00				-			
10.00         0.00         0         0         0.00         0         0.00         0         0.00         10.00         12.00         10.00         12.00         10.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         12.00         13.00         14.00         12.00         12.00         14.00         13.00         14.00         13.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         14.00         16.00							
11.00       0.00       0       0       11.00         13.00       0.00       0       0       13.00       13.00         14.00       0.00       0       0       0       13.00       13.00         15.00       0.00       0       0       0       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       13.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       15.00       17.00       10.10.155       1.00       10.01.155       2.00       1.00       1.00       1.00       1.00       10.00.155       2.00       3.00       4.00       5.00       0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
13.00         0.00         0         13.00         13.00         14.00           15.00         0.00         0         0         0         14.00           15.00         0.00         0         0         0         15.00           0         0.00         0         0         0         17.00         0         5.43.03           1.00         MEDICAL SUPPLIES         0         5.43.03         1         0           2.00         METERY         71.00         0         12.342.632         1         0           3.00         MPTERY         F4.98         0         435         3.00         4.00           5.00         0.00         0 <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></t<>				-			
14.00         0.00         0         0         14.00         14.00           16.00         0.00         0         0         0         15.00         16.00         0         0         15.00         16.00         0         0         16.00         0         0         16.00         0         0         15.00         16.00         0         0         16.00         0         16.00         16.00         0         16.00         16.00         17.00         0         15.00         16.00         16.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         17.00         16.00         12.342.632         14.00         14.00         16.				-			
15.00         0 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td>				-			
17.00				-			
0				-	-		
C - MEDICAL SUPPLIES	17.00	<u> </u>					17.00
PATI ENT PATI ENT         72.00         19,100,155         2.00           IMPERBARI C 0XYGEN THERAPY         76.98         0         435         3.00           0.00         0.00         0         0         4.00         4.00           0.00         0.00         0         0         6.00         6.00         6.00           0.00         0.00         0         0         6.00         6.00         6.00           0.00         0.00         0         0         6.00         6.00         6.00           0.00         0.00         0         0         0         6.00         6.00           0.00         0.00         0         0         0         8.00         8.00           0.00         0.00         0         0         0         10.00         10.00           1.00         0.00         0         0         12.00         12.00         12.00         14.00         15.00         16.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         19.00         10.00         19.00         19.00         <				-	L. L.		
2.00         MMPL_DEV_OHARGED TO         72.00         19,100.155         3.00         3.00           HYPERBARIC DXYGEN THERAPY         76.98         0         435         3.00         4.00           5.00         0.00         0         0         5.00	1.00		/1.00	0	12, 342, 632		1.00
3.00         HYPERBARI C 0XYGEN THERAPY         76.98         0         435         3.00           6.00         0.00         0         0         4.00           7.00         0.00         0         0         6.00           7.00         0.00         0         0         6.00           7.00         0.00         0         0         7.00           8.00         0.00         0         0         7.00           8.00         0.00         0         0         9.00           10.00         0.00         0         0         9.00           11.00         0.00         0         0         11.00           12.00         0.00         0         0         11.00           13.00         0.00         0         0         11.00           14.00         0.00         0         0         15.00           16.00         0.00         0         0         14.00           15.00         0.00         0         0         21.00           23.00         0.00         0         0         21.00           24.00         0.00         0         0         22.00	2.00	IMPL. DEV. CHARGED TO	72.00	0	19, 100, 155		2.00
5.00         0.00         0         0.00         5.00           7.00         0.00         0         0.00         0         7.00           8.00         0.00         0         0         9.00         7.00           9.00         0.00         0         0         9.00         9.00         9.00           10.00         0.00         0         0         0         9.00         9.00           11.00         0.00         0         0         0         10.00         10.00           12.00         0.00         0         0         11.00         12.00         12.00           13.00         0.00         0         0         0         14.00         14.00         14.00           15.00         0.00         0         0         0         16.00         17.00         18.00           19.00         0.00         0         0         0         0         21.00         22.00           22.00         0.00         0         0         0         22.00         22.00         22.00         23.00         22.00         23.00         23.00         24.00         25.00         27.00         28.00         29.00							
7.00         0.00         0.00         0.00         7.00           8.00         0.00         0.00         0.00         9.00           10.00         0.00         0.00         0.00         9.00           11.00         0.00         0.00         0.00         10.00         10.00           12.00         0.00         0.00         0.00         0.00         12.00         12.00           13.00         0.00         0.00         0.00         0.00         12.00         12.00           14.00         0.00         0.00         0.00         0.00         14.00         14.00           15.00         0.00         0.00         0.00         0.00         14.00         14.00           16.00         0.00         0.00         0.00         0.00         14.00         14.00           10.00         0.00         0.00         0.00         0.00         17.00         18.00           19.00         0.00         0.00         0.00         0.00         21.00         22.00           22.00         0.00         0.00         0.00         0.00         23.00         22.00           23.00         0.00         0.00         0.00 </td <td></td> <td></td> <td>0.00</td> <td></td> <td>-</td> <td></td> <td></td>			0.00		-		
8.00         0.00         0.00         0.00         0.00         9.00           9.00         0.00         0.00         0.00         0.00         10.00           11.00         0.00         0.00         0.00         0.00         11.00           12.00         0.00         0.00         0.00         0.00         11.00           13.00         0.00         0.00         0.00         0.00         13.00           14.00         0.00         0.00         0.00         0.00         13.00           15.00         0.00         0.00         0.00         0.00         15.00           16.00         0.00         0.00         0.00         16.00         17.00           18.00         0.00         0.00         0.00         0.00         18.00           20.00         0.00         0.00         0.00         20.00         21.00           21.00         0.00         0.00         0.00         22.00         22.00           21.00         0.00         0.00         0.00         22.00         23.00           24.00         0.00         0.00         0.00         22.00         23.00           26.00         0.00				-			
9.00         0.00         0 </td <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td>				-	-		
11.00         0.00         0         11.00           12.00         0.00         0         0           13.00         0.00         0         0           14.00         0.00         0         0           15.00         0.00         0         0           16.00         0.00         0         0           17.00         0.00         0         0           16.00         0.00         0         0           17.00         0.00         0         0           18.00         0.00         0         0           19.00         0.00         0         0           19.00         0.00         0         0           21.00         0.00         0         22.00           22.00         0.00         0         22.00           23.00         0.00         0         0           24.00         0.00         0         0           25.00         0.00         0         0           26.00         0.00         0         0           27.00         0         0.00         0           28.00         0.00         0         0				-	-		
12.00         0.00         0         0         12.00           13.00         0.00         0         0         13.00           14.00         0.00         0         0         13.00           14.00         0.00         0         0         13.00           15.00         0.00         0         0         15.00           16.00         0.00         0         0         15.00           17.00         0.00         0         0         16.00           17.00         0.00         0         0         17.00           18.00         0.00         0         0         18.00           20.00         0.00         0         0         20.00           21.00         0.00         0         0         21.00           22.00         0.00         0         0         23.00           24.00         0.00         0         0         25.00           25.00         0.00         0         0         26.00           27.00         0.00         0         0         28.00           28.00         0.00         0         0         2.00           29.00         3							
14.00         0.00         0         0         14.00           15.00         0.00         0         0         15.00           16.00         0.00         0         0         15.00           17.00         0.00         0         0         15.00           18.00         0.00         0         0         17.00           18.00         0.00         0         0         18.00           20.00         0.00         0         0         19.00           21.00         0.00         0         0         21.00           22.00         0.00         0         0         22.00           23.00         0.00         0         0         24.00           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         28.00           29.00         0.00         0         0         28.00           29.00         0.00         0         0         30.00           2.00         0				0	U U		
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         18.00           22.00         0.00         0         0         20.00           23.00         0.00         0         0         22.00           24.00         0.00         0         0         23.00           24.00         0.00         0         0         24.00           25.00         0.00         0         0         25.00           26.00         0.00         0         0         26.00           27.00         0.00         0         0         26.00           29.00         30.00         0         0         0           0         0.00         0         0         29.00           30.00         0         0         0         0           0         0.00         0         0         30.00           1.00         DRUGS CHARGED TO PA							
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       19.00         22.00       0.00       0       0       21.00         23.00       0.00       0       0       22.00         24.00       0.00       0       0       23.00         25.00       0.00       0       0       24.00         25.00       0.00       0       0       24.00         26.00       0.00       0       0       26.00         27.00       0.00       0       0       28.00         29.00       0.00       0       0       29.00         0       0.00       0       0       29.00         0       0.00       0       0       2.00         30.00       0       0       0       0         0       0.00       0       0       0         1.00       2.00       31.443.222       2.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
18.00         0.00         0         0         18.00           19.00         0.00         0         0         19.00         20.00         21.00         22.00         21.00         22.00         23.00         24.00         24.00         24.00         24.00         25.00         26.00         27.00         26.00         27.00         26.00         27.00         26.00         27.00         28.00         29.00         30.00         29.00         30.00         29.00         30.00         29.00         30.00         2.00         30.00         2.00         30.00         2.00         30.00         2.00         30.00         2.00         30.00         2.00         30.00         4.00         5.00         6.00         7.00 <td></td> <td></td> <td>0.00</td> <td></td> <td>0</td> <td></td> <td></td>			0.00		0		
19.00       0.00       0       0       19.00         20.00       0.00       0       0       20.00         21.00       0.00       0       0       21.00         22.00       0.00       0       0       22.00         23.00       0.00       0       0       22.00         24.00       0.00       0       0       23.00         24.00       0.00       0       0       24.00         25.00       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       28.00         29.00       0.00       0       0       28.00         30.00       0       0       0       29.00         30.00       0       0       0       2.00         30.00       0       0       0       2.00         30.00       0       0       0       2.00         30.00       0       0       0       2.00         30.00       0       0       0       2.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
20.00         0.00         0         0         20.00         21.00         21.00         21.00         22.00         21.00         22.00         21.00         22.00         21.00         22.00         22.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         23.00         24.00         25.00         0.00         0         0         25.00         26.00         26.00         0.00         0         0         25.00         26.00         26.00         27.00         28.00         29.00         29.00         29.00         29.00         29.00         0         0         0         28.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         29.00         30.00         20.00         30.00				-			
22.00       0.00       0       0       22.00         23.00       0.00       0       0       23.00         24.00       0.00       0       0       24.00         25.00       0.00       0       0       25.00       25.00         26.00       0.00       0       0       25.00       26.00         27.00       0.00       0       0       28.00       28.00         29.00       0.00       0       0       28.00       29.00         30.00       0.00       0       0       28.00       29.00         30.00       0.00       0       0       29.00       29.00         30.00       0.00       0       0       30.00       29.00         30.00       0.00       0       0       31.443.222       30.00         1.00       DRUGS CHARGED TO PATIENTS       73.00       0       8,209,365       1.00         2.00       3.00       0.00       0       0       3.00       4.00         5.00       0.00       0       0       0       5.00       6.00         6.00       0.00       0       0       0       7.00	20.00		0.00	О	0		20.00
23.00       0.00       0       0       0       23.00         24.00       0.00       0       0       24.00       24.00         25.00       0.00       0       0       25.00       25.00         26.00       0.00       0       0       25.00       25.00         26.00       0.00       0       0       25.00       25.00         27.00       0.00       0       0       28.00       27.00         28.00       0.00       0       0       0       28.00         29.00       0.00       0       0       29.00       30.00         30.00       0       0       0       31.443.222       30.00         1.00       DRUGS CHARGED TO PATIENTS       73.00       0       8.209.365       1.00         2.00       0.00       0       0       0       2.00       3.00         4.00       0.00       0       0       0       2.00       3.00         4.00       0.00       0       0       0       2.00       3.00         2.00       0.00       0       0       0       0       2.00       3.00         2.00       <							
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       26.00         28.00       0.00       0       0       27.00         29.00       0.00       0       0       28.00         29.00       0.00       0       0       29.00         30.00       0       0       0       29.00         30.00       0       0       0       31.443.222         D - DRUGS       0       0       0       2.00         3.00       0.00       0       0       2.00         3.00       0.00       0       0       2.00         3.00       0.00       0       0       2.00         3.00       0.00       0       0       3.00         4.00       0.00       0       0       3.00         4.00       0.00       0       0       0       5.00         6.00       0.00       0       0       0       7.00         8.00       0.00       0							
26.00       0.00       0       0       0       26.00       27.00         28.00       0.00       0       0       0       28.00       28.00         29.00       0.00       0       0       0       28.00       29.00         30.00       0       0       0       0       29.00       29.00       29.00         0       0.00       0       0       0       0       29.00       29.00       29.00         0       0.00       0       0       0       0       0       29.00       29.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       20.00       31.443,222       30.00       30.00       2.00       3.00       3.00       4.00       2.00       3.00       4.00       3.00       4.00       5.00       4.00       5.00       6.00       5.00       6.00       6.00       6.00       6.00       7.00       8.00       8.00       8.00       8.00       8.00       8.00       8.00       8.00       8.00       8.00 <td>24.00</td> <td></td> <td>0.00</td> <td></td> <td>0</td> <td></td> <td>24.00</td>	24.00		0.00		0		24.00
27.00       0.00       0       0       0       27.00       28.00       28.00       28.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       29.00       20.00       29.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       20.00       30.00       40.00       20.00       30.00       40.00       50.00       50.00       50.00       50.00       50.00				-			
28.00       0.00       0       0       0       28.00       28.00       29.00       29.00       30.00       29.00       30.00       29.00       30.00       29.00       30.00       30.00       29.00       30.00							
30.00	28.00		0.00				28.00
O         O         31, 443, 222           D - DRUGS         D         DRUGS CHARGED TO PATIENTS         73.00         0         8, 209, 365         1.00           2.00         0.00         0         0         0         2.00         2.00           3.00         0.00         0         0         0         3.00         2.00           4.00         0.00         0         0         0         3.00         4.00         3.00           5.00         0.00         0         0         0         0         3.00         4.00         5					-		
1.00         DRUGS CHARGED TO PATIENTS         73.00         0         8,209,365         1.00           2.00         0.00         0         0         0         2.00         3.00         2.00         3.00         4.00         0.00         0         0         3.00         4.00         5.00         0.00         0         0         0         5.00         5.00         5.00         5.00         6.00         0.00         0         0         5.00         6.00         7.00         8.00         0.00         0         0         6.00         7.00         8.00         7.00         8.00				0			
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       4.00         6.00       0.00       0       0       5.00         7.00       0.00       0       0       7.00         8.00       0.00       0       0       8.00	1.00			0	8, 209, 365		1.00
4.00       0.00       0       0       4.00         5.00       0.00       0       0       5.00         6.00       0.00       0       0       6.00         7.00       0.00       0       0       7.00         8.00       0.00       0       0       8.00					0		
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							
6.00         0.00         0         0         6.00           7.00         0.00         0         0         7.00           8.00         0.00         0         0         8.00	5.00		0.00				
8.00 0.00 0 0 8.00			0.00		-		

### FRANCI SCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10 Worksheet A-6

Heal th	Financial Systems		FRANCI SCAN HEALTH	LAFAYETTE	In Lieu of Form C	MS-2552-10
RECLASS	SIFICATIONS			Provider CCN: 15-0109	Period: Worksheet	A-6
					From 01/01/2018	- ·
					To 12/31/2018 Date/Time 5/30/2019	
		Increases			5/ 5/ 2019	2.39 pili
	Cost Center	Li ne #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	2.00	0.00	4.00	0		10.00
11.00		0.00	0	Ö		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	o	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
	0		0	8, 209, 365		
	E – LDRP					
1.00	NURSERY	43.00	526, 825	8, 429		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3, 434, 079	54, 944		2.00
	0		3, 960, 904	63, 373		
	F – CAFETERIA					
1.00	CAFETERI A	11.00	1, 428, 000	898, 450		1.00
	0		1, 428, 000	898, 450		
	G - CAPITAL EXP (INT & DEP)					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	22, 729		1.00
	0		0	22, 729		
	H - INTEREST			· ·		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5, 641, 684		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4, 426, 827		2.00
	0			10,068,511		
	I - NURSING SCHOOL					
1.00	NURSING SCHOOL	20.00	96, 956			1.00
2.00	NURSING SCHOOL	20.00	77, 491	122, 510		2.00
3.00		0.00	o	0		3.00
	0		174, 447	122, 510		
	J - PARAMED PROGRAM	I				
1.00	PHARMACY RESIDENCY	23.00	75, 317	96, 750		1.00
2.00	EMS EDUCATION	23.01	153, 700	,		2.00
3.00		0.00	0	0		3.00
			229, 017	96,750		
	K - FSEH SHARED SERVICES	I	2277017	, , , , , , , , , , , , , , , , , , , ,		
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	202, 727		1.00
2.00	OTHER ADMINI STRATI VE AND	5.06	0	1, 639, 991		2.00
2.00	GENERAL	5.00		1,007,771		2.00
3.00	NURSI NG ADMI NI STRATI ON	13.00	0	359, 305		3.00
5.00			<u></u>	2, 202, 023		3.00
500 00	Grand Total: Increases		5, 792, 368	55, 372, 710		500.00
500.00		I	5, 172, 500	55, 572, 710		1 300.00

Heal th	Fi nanci al	Systems
RECLAS	SIFICATION	S

# FRANCI SCAN HEALTH LAFAYETTE Provi der CCN: 15-0109 Peri od:

In Lieu of Form CMS-2552-10 Worksheet A-6

ECLAS	SI FI CATI ONS			Provider (	CCN: 15-0109	Period: From 01/01/2018	Worksheet A-6
						To 12/31/2018	Date/Time Prepare 5/30/2019 2:39 pm
	Cost Conton	Decreases	Colomy	Other	What A 7 Daf	1	
	Cost Center 6.00	Li ne # 7.00	Salary 8.00	0ther 9.00	Wkst. A-7 Ref 10.00		
	A - RENTALS		0.00	7100	10100	-I	
. 00	DI ETARY	10.00	0	50, 080	1	0	1.
00	ADULTS & PEDIATRICS	30.00	0	268, 237		0	2.
00	OPERATING ROOM	50.00	0	124, 430		0	3.
00	RADI OLOGY-DI AGNOSTI C	54.00	0	747, 505		0	4.
00	LABORATORY	60.00	0	8, 471		0	5.
00	PHYSI CAL THERAPY	66.00	0	118, 826		0	6.
00	EMERGENCY	91.00	0	140, 315		0	7.
00	OBSERVATION BEDS (DISTINCT	92.01	0	219, 668		0	8.
	PART)						
00	AMBULANCE_SERVICES		• •	24,642		<u>o</u>	9.
	0		0	1, 702, 174			
	B - EQUIPMENT RENTAL	5.00		105			
00	OTHER ADMI NI STRATI VE AND	5.06	0	185	1	0	1.
~~	GENERAL	7 00		0.004			
00	OPERATION OF PLANT	7.00	0	3, 824		0	2.
00	HOUSEKEEPING	9.00	0	1, 969		0	3.
00		10.00	0	2,046		0	4.
00	CENTRAL SERVICES & SUPPLY	14.00	0	27, 794		0	5.
00		15.00	0	390, 393		0	6.
00	ADULTS & PEDIATRICS	30.00	0	17, 783		0	7.
00		31.00	0	2,860		0	8.
00	SUBPROVIDER - IRF	41.00	0	315		0	9.
0. 00	OPERATING ROOM	50.00	0	10,000		0	10
. 00	RADI OLOGY-DI AGNOSTI C	54.00	0	70		0	11.
2.00	RADI OLOGY-THERAPEUTI C	55.00	0	1, 235		0	12
8.00	RADI OI SOTOPE	56.00	0	10, 500		0	13
1.00	CT SCAN	57.00	0	5, 050		0	14.
5.00	RESPI RATORY THERAPY	65.00	0	68, 652		0	15.
5.00	PHYSICAL THERAPY	66.00	0	325		0	16.
7.00	ELECTROENCEPHALOGRAPHY		0			0	17.
	0		0	543, 603			
~~	C - MEDICAL SUPPLIES	7.00		1.045			1
00	OPERATION OF PLANT	7.00	0	1, 945		0	1.
00	NURSING ADMINISTRATION	13.00	0	10, 422		0	2.
00	CENTRAL SERVICES & SUPPLY	14.00	0	917, 668		0	3.
00	PHARMACY	15.00	0	426, 520		0	4.
00	ADULTS & PEDIATRICS	30.00	0	1,066,125		0	5.
00	INTENSIVE CARE UNIT	31.00	0	228, 905			6.
00	NEONATAL INTENSIVE CARE UNIT	35.00	0	72, 204		0	7.
00	SUBPROVIDER - IRF	41.00	0	45, 477		0	8.
00	OPERATING ROOM	50.00	0	21, 762, 499		0	9.
0.00	RECOVERY ROOM	51.00	0	35, 990		0	10.
1.00	RADI OLOGY-DI AGNOSTI C	54.00	0	890, 609			11.
2.00	RADI OLOGY-THERAPEUTI C	55.00	0	14, 880		0	12.
3.00	RADI OI SOTOPE	56.00	0	28, 352		0	13.
1.00	CARDIAC CATH LAB	56.01	0	3, 378, 840		0	14.
5.00	CT SCAN	57.00	0	151, 129		0	15.
b. 00	MRI	58.00	0	15, 396		0	16
7.00		60.00	0	83, 799		0	17.
3.00	RESPI RATORY THERAPY	65.00	0	442, 283		0	18
9.00	PHYSICAL THERAPY	66.00	0	137, 882		0	19.
0. 00	OCCUPATIONAL THERAPY	67.00	0	31, 969		0	20
. 00	SPEECH PATHOLOGY	68.00	0	2, 560		0	21
2.00	ELECTROCARDI OLOGY	69.00	0	14, 209		0	22
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	48, 353		0	23
1.00	DI ABETES CENTER	73.01	0	1, 091		0	24
5.00	RENAL DI ALYSI S	74.00	0	15, 727		0	25.
. 00	CLINIC	90.00	0	41, 139		0	26
. 00	EMERGENCY	91.00	0	930, 148		0	27.
8.00	WOUND CARE	91.01	0	452, 514		0	28.
9.00	OBSERVATION BEDS (DISTINCT	92.01	0	73, 741		0	29.
	PART)						
0. 00	AMBULANCE_SERVICES		<u></u>	120, 846		<u>0</u>	30.
	0		0	31, 443, 222			
0.0	D - DRUGS	!			1		
00	CENTRAL SERVICES & SUPPLY	14.00	0	742		0	1.
00	PHARMACY	15.00	0	7, 631, 498		0	2.
00	ADULTS & PEDIATRICS	30.00	0	15, 477		0	3.
00	INTENSIVE CARE UNIT	31.00	0	17, 922		0	4.
00	NEONATAL INTENSIVE CARE UNIT	35.00	0	399		0	5.
	SUBPROVIDER - IRF	41.00	0	554		0	6.
		F0 00	0	02 420	1	0	7.
. 00 . 00 . 00	OPERATING ROOM RECOVERY ROOM	50. 00 51. 00	0	93, 438 478		0	8.

### Health Financial Systems RECLASSIFICATIONS

### FRANCI SCAN HEALTH LAFAYETTE

Provider CCN: 15-0109

In Lieu of Form CMS-2552-10 Period: Worksheet A-6 From 01/01/2018 To 12/31/2018 Date/Time Prepared:

						To 12/31/2018	Date/Time Prepared: 5/30/2019 2:39 pm
		Decreases					<u>1 37 307 2019 2. 39 pm</u>
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	RADI OLOGY-DI AGNOSTI C	54.00	0	53, 708		C	9.00
10.00	RADI OLOGY-THERAPEUTI C	55.00	0	66		C	10.00
11.00	CARDIAC CATH LAB	56.01	0	1, 233		C	11.00
12.00	CT_SCAN	57.00	0	70, 661		D	12.00
13.00	MRI	58.00	0	41, 811		D .	13.00
14.00		60.00	0	35			14.00
15. 00 16. 00	RESPI RATORY THERAPY PHYSI CAL THERAPY	65.00 66.00	0	692 472			15.00 16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	472			17.00
18.00	SPEECH PATHOLOGY	68.00	0	10			17.00
19.00	ELECTROCARDI OLOGY	69.00	0	1, 674			19.00
20.00	RENAL DI ALYSI S	74.00	0	1, 830			20.00
21.00	CLINIC	90.00	0	231, 722			21.00
22.00	EMERGENCY	91.00	0	18, 109			22.00
23.00	WOUND CARE	91.01	0	1, 884	(	D	23.00
24.00	OBSERVATION BEDS (DISTINCT	92.01	0	292	(	b	24.00
	PART)						
25.00	AMBULANCE_SERVICES	95.00	0	24, 584	(	<u>D</u>	25.00
	0		0	8, 209, 365			
	E – LDRP				Í		
1.00	ADULTS & PEDIATRICS	30.00	3, 960, 904	63, 373		D	1.00
2.00			0	0		<u>2</u>	2.00
			3, 960, 904	63, 373			
1.00	F - CAFETERIA DI ETARY	10.00	1, 428, 000	898, 450			1.00
1.00			1, 428, 000	898, 450			1.00
	G - CAPITAL EXP (INT & DEP)	I	1, 420, 000	070, 430			
1.00	RADI OLOGY-DI AGNOSTI C	54.00	0	22, 729		9	1.00
				22, 729		7	
	H - INTEREST	I			1		
1.00	INTEREST EXPENSE	113.00	0	10, 068, 511	1	1	1.00
2.00		0.00	0	0	1	1	2.00
	0		o	10, 068, 511			
	I - NURSING SCHOOL					-1	
1.00	ADULTS & PEDIATRICS	30.00	96, 956			0	1.00
2.00	OTHER ADMINI STRATI VE AND	5.06	36, 323	4, 187	(	C	2.00
2 00		16.00	41 140	110 222			2.00
3.00	MEDI CAL_RECORDS & LI BRARY		4 <u>1, 168</u> 174, 447	<u>118, 323</u> 122, 510			3.00
	J - PARAMED PROGRAM		1/4, 447	122, 510			
1.00	PHARMACY	15.00	75, 317	96, 750		D	1.00
2.00	EMERGENCY	91.00	84, 699	70, 700			2.00
3.00	AMBULANCE SERVICES	95.00	69, 001				3.00
			229,017	96, 750		-	
	K - FSEH SHARED SERVICES	· · · · ·					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	379, 519	(	C	1.00
2.00	OTHER ADMINISTRATIVE AND	5.06	0	1, 463, 199	(	c	2.00
	GENERAL						
3.00	NURSING ADMINISTRATION		0	<u>359, 3</u> 05	(		3.00
	0		0	2, 202, 023		4	
500.00	Grand Total: Decreases		5, 792, 368	55, 372, 710			500.00

Provider         CCN: 15-0109         Period: From 01/01/2018 To 12/31/2018         Worksheet A-7 Part 1           PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         Disposal s and 1.00         Disposal s and 2.00         Disposal s and 2.00         Disposal s and Retirements         Disposal s and Retirements           1.00         Land         1.00         0 <t< th=""><th>Heal th</th><th>Financial Systems</th><th>FRANCI SCAN HEAL</th><th>TH LAFAYETTE</th><th></th><th></th><th>In Lie</th><th>eu of Form CMS-2</th><th>2552-10</th></t<>	Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE			In Lie	eu of Form CMS-2	2552-10
Beginning Balances         Purchases         Donation         Total Retirements         Disposal s and Retirements           1.00         2.00         3.00         4.00         5.00           PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES				Provider C	CN: 15-0109	From	01/01/2018	Part I Date/Time Pre	pared:
Bai ances         Answer         Retirements           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         Land         12,785,293         0         0         0         0           2.00         Land Improvements         3,246,587         0         0         0         0         2.00           3.00         4.00         Building Improvements         302,512,756         0         0         0         0         0         3.00           4.00         Building Improvements         0					Acqui si ti on	s			
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET         BALANCES         0         3.00         4.00         5.00           PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET         BALANCES         0         <			Begi nni ng	Purchases	Donati on		Total	Disposals and	
PART I         - ANALYSI S OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         12,785,293         0         0         0         0         1.00           2.00         Land Improvements         3,246,587         0         0         0         0         2.00           3.00         Buil dings and Fixtures         302,512,756         0         0         0         0         3.00           4.00         Buil ding Improvements         0         0         0         0         0         4.00           5.00         Fixed Equipment         0         0         0         0         0         4.00           6.00         Movable Equipment         77,253,643         0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
1.00       Land       12,785,293       0       0       0       0       1.00         2.00       Land Improvements       3,246,587       0				2.00	3.00		4.00	5.00	
2.00         Land Improvements         3,246,587         0         0         0         2.00           3.00         Buildings and Fixtures         302,512,756         0<		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSE	BALANCES						
3.00       Buildings and Fixtures       302, 512, 756       0       0       0       3.00         4.00       Building Improvements       0       0       0       0       0       4.00         5.00       Fixed Equipment       0	1.00	Land	12, 785, 293	0		0	0	0	1.00
4.00       Building Improvements       0 </td <td>2.00</td> <td>Land Improvements</td> <td>3, 246, 587</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>2.00</td>	2.00	Land Improvements	3, 246, 587	0		0	0	0	2.00
5.00         Fixed Equipment         0	3.00	Buildings and Fixtures	302, 512, 756	0		0	0	0	3.00
6.00       Movable Equipment       77, 253, 643       0	4.00	Building Improvements	0	0		0	0	0	4.00
7.00       HIT designated Assets       0       0       0       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0	5.00	Fixed Equipment	0	0		0	0	0	5.00
8.00       Subtotal (sum of lines 1-7)       395, 798, 279       0<	6.00	Movable Equipment	77, 253, 643	0		0	0	0	6.00
9.00       Reconciling Items       0	7.00	HIT designated Assets	0	0		0	0	0	7.00
10.00         Total (line 8 minus line 9)         395, 798, 279         0         0         0         0         0         0         10.00           Image: Imag	8.00	Subtotal (sum of lines 1-7)	395, 798, 279	0		0	0	0	8.00
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET         Fully Depreciated Assets         1.00           1.00         Land         12,785,293         0         1.00           2.00         Land Improvements         3,246,587         0         2.00           3.00         Buildings and Fixtures         302,512,756         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         4.00           6.00         Worbale Equipment         0         0         77,253,643         0           7.00         HIT designated Assets         0         0         7.00         7.00         8.00           8.00         Subtotal (sum of lines 1-7)         395,798,279         0         8.00         9.00	9.00	Reconciling Items	0	0		0	0	0	9.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         Depreciated Assets         1.00         7.00           1.00         Land         12,785,293         0         1.00         2.00         1.00         2.00         3.00         Buildings and Fixtures         3.246,587         0         3.00         3.00         4.00         5.00         Fixed Equipment         0         0         4.00         5.00         5.00         6.00         7.00         4.00         5.00         5.00         6.00         7.7,253,643         0         0         0         0         7.00         4.00         5.00         5.00         6.00         Movable Equipment         7.7,253,643         0         0         7.00         4.00         5.00         7.00         8.00         9.00         8.00         9.00	10.00	Total (line 8 minus line 9)	395, 798, 279	0		0	0	0	10.00
Assets         6.00         7.00           PART 1 - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         1.00         1.00         1.00           Land         12,785,293         0         1.00         2.00           S.00         Buildings and Fixtures         3.246,587         0         2.00           3.00         Building Improvements         302,512,756         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         77,253,643         0         5.00           6.00         Movable Equipment         77,253,643         0         7.00           8.00         Subtotal (sum of lines 1-7)         395,798,279         0         8.00           9.00         Reconciling Items         0         0         9.00			Endi ng Bal ance	Fully					
6.00         7.00           PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES         12,785,293         0         1.00           2.00         Land         12,785,293         0         2.00           3.00         Buildings and Fixtures         3,246,587         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         4.00           6.00         Movable Equipment         77,253,643         0         6.00           7.00         HIT designated Assets         0         0         7.00           8.00         Subtotal (sum of lines 1-7)         395,798,279         0         8.00           9.00         Reconciling Items         0         0         9.00			_	Depreciated					
PART I         - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES           1.00         Land         12,785,293         0         1.00           2.00         Land Improvements         3,246,587         0         2.00           3.00         Buildings and Fixtures         302,512,756         0         3.00           4.00         Building Improvements         0         0         4.00           5.00         Fixed Equipment         0         0         5.00           6.00         Movable Equipment         77,253,643         0         6.00           7.00         HIT designated Assets         0         0         7.00         8.00         5.00         8.00         9.00         9.00         9.00				Assets					
1.00       Land       12,785,293       0       1.00         2.00       Land Improvements       3,246,587       0       2.00         3.00       Buildings and Fixtures       302,512,756       0       3.00         4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       77,253,643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0       8.00         9.00       Reconciling Items       0       0       9.00				7.00					
2.00       Land Improvements       3,246,587       0       2.00         3.00       Buildings and Fixtures       302,512,756       0       3.00         4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       77,253,643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0       8.00         9.00       Reconciling Items       0       0       9.00			BALANCES						
3.00       Buildings and Fixtures       302, 512, 756       0       3.00         4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       77, 253, 643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395, 798, 279       0       8.00         9.00       Reconciling Items       0       0       9.00	1.00		12, 785, 293	0					
4.00       Building Improvements       0       0       4.00         5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       77,253,643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0       8.00         9.00       Reconciling Items       0       0       9.00	2.00		3, 246, 587	0					
5.00       Fixed Equipment       0       0       5.00         6.00       Movable Equipment       77,253,643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0       8.00         9.00       Reconciling Items       0       0       9.00	3.00	Buildings and Fixtures	302, 512, 756	0					3.00
6.00       Movable Equipment       77,253,643       0       6.00         7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395,798,279       0       8.00         9.00       Reconciling Items       0       0       9.00	4.00	Building Improvements	0	0					4.00
7.00       HIT designated Assets       0       0       7.00         8.00       Subtotal (sum of lines 1-7)       395, 798, 279       0       8.00         9.00       Reconciling Items       0       0       9.00	5.00	Fixed Equipment	0	0					5.00
8.00         Subtotal (sum of lines 1-7)         395, 798, 279         0         8.00           9.00         Reconciling Items         0         0         9.00	6.00	Movable Equipment	77, 253, 643	0					6.00
9.00 Reconciling Items 0 0 0 9.00	7.00	HIT designated Assets	0	0					7.00
	8.00	Subtotal (sum of lines 1-7)	395, 798, 279	0					8.00
10.00         Total (line 8 minus line 9)         395, 798, 279         0         10.00			0	0					9.00
	10.00	Total (line 8 minus line 9)	395, 798, 279	0					10.00

Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
RECONO	CILIATION OF CAPITAL COSTS CENTERS		Provider C	CN: 15-0109	Period:	Worksheet A-7	
					From 01/01/2018 To 12/31/2018		nared
					10 12/31/2010	5/30/2019 2: 3	
			SL	JMMARY OF CAP	I TAL		
		-					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see		
		9,00	10.00	11.00	instructions) 12.00	instructions) 13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FLXT	17, 082, 908	0		0 0	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)	17, 082, 908	0		0 0	0	3.00
		SUMMARY O	F CAPITAL				
	Cost Center Description		Total (1) (sum				
		Capi tal -Rel ate					
		d Costs (see	through 14)				
		instructions) 14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORK			nd 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	17, 082, 908				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	17, 082, 908				3.00

Health Financial Systems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provider C	F	Period: From 01/01/2018 To 12/31/2018	Worksheet A-7 Part III Date/Time Prep 5/30/2019 2:39	
	COM	PUTATION OF RAT	FI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed Leases	Gross Assets for Ratio (col. 1 - col. 2)		Insurance	
PART III - RECONCILIATION OF CAPITAL COSTS CE	1.00	2.00	3.00	4.00	5.00	
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	302, 512, 756 77, 253, 643 379, 766, 399	0	302, 512, 756 77, 253, 643 379, 766, 399 CAPI TAL	0. 203424		1.00 2.00 3.00
Cost Center Description	Taxes	Other Capi tal -Rel ate d 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 CE				10 000 101	4 700 474	4 00
1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP 3.00 Total (sum of lines 1-2)	0	-		) 19, 830, 101 2, 178, 352 22, 008, 453		1.00 2.00 3.00
	,	SL	JMMARY OF CAPIT		2/2/0////	0100
Cost Center Description	Interest	Insurance (see instructions)		Other Capital-Relate d 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 CE 1.00 CAP REL COSTS-BLDG & FIXT 2.00 CAP REL COSTS-MVBLE EQUIP	NTERS 5, 159, 889 4, 048, 780			0	26, 692, 164 6, 770, 735	1.00 2.00
3.00 Total (sum of lines 1-2)	4, 048, 780 9, 208, 669		-		33, 462, 899	2.00 3.00

Heal th	Fi nanci a	I Systems
AD IIIST	MENTS TO	EXPENSES

## FRANCISCAN HEALTH LAFAYETTE

In Lieu of Form CMS-2552-10

Heal th	Financial Systems	F	RANCI SCAN HEA	LTH_LAFAYETTE	In Lie	u of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018		pared:
				Expense Classification o To/From Which the Amount is			2 011
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
1.00	Investment income - CAP REL	1.00 B	2.00	3.00 CAP REL COSTS-BLDG & FIXT	4.00	5.00	1.00
1.00	COSTS-BLDG & FIXT (chapter 2)	D	-461, 793	CAP REL CUSTS-DEDG & FIXT	1.00		1.00
2.00	Investment income - CAP REL	В	-378, 047	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	COSTS-MVBLE EQUIP (chapter 2) Investment income - other		0		0.00	0	3.00
4 00	(chapter 2)				0.00		4 00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of		0		0.00	0	5.00
6.00	expenses (chapter 8) Rental of provider space by		0		0.00	0	6.00
7 00	suppliers (chapter 8)		0		0.00	0	7 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	-3, 250, 688			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	-985, 012			0	12.00
13.00	Laundry and linen service		0		0.00		
14.00 15.00	Cafeteria-employees and guests Rental of quarters to employee		-1, 315, 875 0	CAFETERI A	11.00 0.00		14.00 15.00
16.00	and others Sale of medical and surgical		0		0.00	0	16.00
	supplies to other than patients		_				
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	В	-3, 896	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees,	В	-2,062,747	NURSING SCHOOL	20.00	0	19. 00
20.00	books, etc.)		22.202		10.00		20.00
20.00 21.00	Vending machines Income from imposition of	В	-23, 292 0	DI ETARY	10.00 0.00		
	interest, finance or penalty charges (chapter 21)						
22.00	Interest expense on Medicare overpayments and borrowings to		0		0.00	0	22.00
23 00	repay Medicare overpayments Adjustment for respiratory	A-8-3	0	RESPI RATORY THERAPY	65.00		23.00
00	therapy costs in excess of		0		00.00		
24.00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
	therapy costs in excess of limitation (chapter 14)						
25.00	Utilization review - physicians' compensation		0	*** Cost Center Deleted ***	114.00		25. 00
26.00	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	COSTS-BLDG & FIXT Depreciation - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	COSTS-MVBLE EQUIP Non-physician Anesthetist		^	*** Cost Center Deleted ***	19.00		28.00
28.00 29.00	Physicians' assistant		0		0.00		
30.00	Adjustment for occupational therapy costs in excess of	A-8-3	0	OCCUPATI ONAL THERAPY	67.00		30. 00
30. 99	limitation (chapter 14) Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
31 00	instructions) Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
51.00	pathology costs in excess of limitation (chapter 14)	A-0-3	0		00.00		51.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	RECRUITMENT	A	-26, 250	EMPLOYEE BENEFITS DEPARTMEN	IT 4.00	о	33.00

Heal th	Financial Systems	l	FRANCI SCAN HEAI	LTH_LAFAYETTE	In Lie	u of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES			Provider CCN: 15-0109	Period:	Worksheet A-8	
					From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
						5/30/2019 2:3	
				Expense Classification on To/From Which the Amount is			
				107From which the Amount is	to be Adjusted		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	0.0.01
33.01	RECRUI TMENT	A	/55	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
34.00	HAF	А	_1/ 878 06/	OTHER ADMINISTRATIVE AND	5.06	0	34.00
54.00			-14,070,704	GENERAL	5.00	0	34.00
35.00	ADVERTI SI NG	A	-2, 984	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	35.00
35.01	ADVERTI SI NG	A	-7, 877	NURSING SCHOOL	20.00	0	35.01
35.02	ADVERTI SI NG	A	-71, 019	ELECTROCARDI OLOGY	69.00	0	35.02
35.03	ADVERTI SI NG	A	-388	CLINIC	90.00	0	35.03
36.00	ATHLETIC TRAINING	В	-182, 786	PHYSICAL THERAPY	66.00	0	36.00
37.00	BLDG RENT	В	-482, 150	OTHER ADMINISTRATIVE AND	5.06	0	37.00
				GENERAL	5.00		
38.00	DI SCOUNTS / REBATES	В		MGMT INFO SYSTEMS	5.02	0	
38. 01 38. 02	DI SCOUNTS / REBATES DI SCOUNTS / REBATES	B		PURCHASI NG OTHER ADMI NI STRATI VE AND	5. 03 5. 06	0	38.01 38.02
30. 02	DISCOUNTS / REDATES	D	-105, 149	GENERAL	5.00	0	30.02
38.03	DI SCOUNTS / REBATES	В	-153, 857		10.00	0	38.03
38.04	DI SCOUNTS / REBATES	В		CENTRAL SERVICES & SUPPLY	14.00	0	
38.05	DI SCOUNTS / REBATES	В		OPERATING ROOM	50.00	0	38.05
38.06	DI SCOUNTS / REBATES	В	-63, 952	RADI OLOGY-DI AGNOSTI C	54.00	0	
38.07	DI SCOUNTS / REBATES	В	-14, 026	LABORATORY	60.00	0	38.07
38. 08	DI SCOUNTS / REBATES	В	-5, 750	RESPI RATORY THERAPY	65.00	0	38.08
39.00	EDUCATI ON	В	-76, 690	PHARMACY RESIDENCY	23.00	0	39.00
40.00	FOOD SERVICE DAY CARE	В	-176, 048		10.00	0	
41.00	MARKETING	A	-987	OTHER ADMI NI STRATI VE AND	5.06	0	41.00
41 01			0.1		41.00	0	41 01
41.01	MARKETING	A		SUBPROVIDER - IRF	41.00	0	
41.02 41.03	MARKETI NG MARKETI NG	A A		PHYSI CAL THERAPY ELECTROCARDI OLOGY	66.00 69.00	0	
41.03	MARKETING	A		DI ABETES CENTER	73.01	0	41.03
41.04	MARKETING	A		WOUND CARE	91.01	0	
41.06	MARKETING	A		HOME HEALTH AGENCY	101.00	0	
41.07	MARKETING	A		HOSPICE	116.00	0	
42.00	MI SCELLANEOUS REVENUE	В		EMPLOYEE BENEFITS DEPARTMEN		0	
42.01	MI SCELLANEOUS REVENUE	В		OTHER ADMINISTRATIVE AND	5.06	9	
				GENERAL			
42.02	MI SCELLANEOUS REVENUE	В		HOUSEKEEPI NG	9.00	0	
42.03	MI SCELLANEOUS REVENUE	В		OCCUPATI ONAL THERAPY	67.00	0	
42.04	MI SCELLANEOUS REVENUE	В	-21, 390		90.00		
	MI SCELLANEOUS REVENUE	В		WOUND CARE	91.01	0	
	MI SCELLANEOUS REVENUE	В		OPERATION OF PLANT	7.00		
42.07	MI SCELLANEOUS REVENUE	В	-14,44/		10.00		
42.08	MI SCELLANEOUS REVENUE	В			15.00		
42.09 43.00	MI SCELLANEOUS REVENUE	B		CARDIAC CATH LAB OPERATION OF PLANT	56.01 7.00	0	
43.00	PENSI ON	A		EMPLOYEE BENEFITS DEPARTMEN			
50.00	TOTAL (sum of lines 1 thru 49)		-17, 599, 339		1 4.00	0	50.00
50,00	(Transfer to Worksheet A,		,,,				
	column 6, line 200.)						1

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

Heal th	Financial Systems	FRANCI SCAN HE	ALTH_LAFAYETTE	In Lie	eu of Form CMS-	2552-10
	ENT OF COSTS OF SERVICES FROM	ME Provider CCN: 15-0109	Peri od:	Worksheet A-8	-1	
OFFICE	COSTS		From 01/01/2018 To 12/31/2018		pared.	
					5/30/2019 2:3	
	Line No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost		
					Wks. A, column	
	1.00	2.00	3. 00	4.00	<u>5</u> 5. 00	
	A. COSTS INCURRED AND ADJUST					
	HOME OFFICE COSTS:	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED C	JRGANIZATI UNS UR	CLAIMED	
1.00		CAP REL COSTS-BLDG & FIXT	FRANCI SCAN DEPRECIATION	2, 747, 193	0	1.00
2.00		CAP REL COSTS-MVBLE EQUIP	FRANCI SCAN DEPRECIATION	2, 155, 623	0	2.00
3.00		INTEREST EXPENSE	FRANCI SCAN INTEREST	10, 068, 511	0	3.00
3.01		OTHER ADMINISTRATIVE AND GEN		9, 451, 665	0	3.01
3.02		PHARMACY	EDUCATION	0	63, 759	3.02
3.03		EMERGENCY	EDUCATION	0	41, 207	3.03
3.04		PHARMACY	EDUCATION	0	11, 966	3.04
3.05		PHARMACY RESIDENCY	EDUCATION	3, 605	0	3.05
4.00		PHARMACY	FRANCI SCAN COEP	694, 510	0	4.00
4.01			INFORMATION TECHNOLOGY	14, 085, 888		4.01
4.02	5. 03 PURCHASI NG		PURCHASI NG SERVI CES	1, 179, 260		4.02
4.03		PATIENT ACCOUNTING	PATIENT ACCT	3, 794, 040		4.03
4.04		MEDICAL RECORDS & LIBRARY	HIM	1, 695, 488		4.04
4.05		OTHER ADMINISTRATIVE AND GEN		0	34, 336, 393	4.05
4.06			INTEREST EXPENSE	0	10, 008, 920	4.06
4.07		EMPLOYEE BENEFITS DEPARTMENT		0	582, 706	4.07
4.08		OTHER ADMINISTRATIVE AND GEN		0	1, 318, 714	4.08
4.09		NURSING ADMINISTRATION	FSEH SHARED SERVICES	0	497, 130	4.09
5.00	TOTALS (sum of lines 1-4).			45, 875, 783	46, 860, 795	5.00
	Transfer column 6, line 5 to					
	Worksheet A-8, column 2,					
* =	line 12.					

\* 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.

1103 110	The been posted to worksheet A, cordinars i and/or z, the amount arrowable should be indicated in cordinarity part.					
				Related Organization(s) and/	or Home Office	
	Symbol (1)	Name	Percentage of	Name	Percentage of	
	Symbol (1)	Name		Name		
			Ownership		Ownershi p	
	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.

i ci indui						
6.00	В	FRANCI SCAN ALLI	100.00	FRANCI SCAN ALLI	100. 00	6.00
7.00	G	FSEH	100.00	FSEH	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

(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.

Health Financial Systems	FRANCI SCAN HEALTH LAFAYETTE	In Lieu of Form CMS-2552-10
STATEMENT OF COSTS OF SERVICES FROM F OFFICE COSTS	RELATED ORGANIZATIONS AND HOME Provider CCN: 15-0109	Period: Worksheet A-8-1 From 01/01/2018
		To 12/31/2018 Date/Time Prepared:

		I		5/30/2019 2:39 pm
		Wkst. A-7 Ref.		
	Adjustments			
	(col. 4 minus			
	col. 5)*			
	6.00	7.00		
	A. COSTS INCUR	RED AND ADJUSTMENTS REQUIRED AS A	RESULT OF TRANSACTIONS WITH RELATED OF	RGANIZATIONS OR CLAIMED
	HOME OFFICE CO			
1.00	2, 747, 193	9		1.00
2.00	2, 155, 623	9		2.00
3.00	10, 068, 511	0		3.00
3.01	9, 451, 665	0		3. 01
3.02	-63, 759	0		3. 02
3.03	-41, 207	0		3.03
3.04	-11, 966	0		3.04
3.05	3, 605	0		3.05
4.00	694, 510	0		4.00
4.01	14,085,888	0		4.01
4.02	1, 179, 260	0		4.02
4.03	3, 794, 040	0		4.03
4.04	1, 695, 488	0		4.04
4.05	-34, 336, 393	0		4.05
4.06	-10,008,920	0		4.06
4.07	-582, 706			4.07
4.08	-1, 318, 714			4.08
4.09	-497, 130			4.09
5.00	-985,012			5.00
			ate) are transferred in detail to Work	

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

nus not	been posted to norkaneet A,	cordinas r and/or 2, the amount arrowable should be rhuleated in cordinin 4 or this part.	
	Related Organization(s)		
	and/or Home Office		
		4	
	Type of Business		
	6.00		
	D INTERRELATIONOULD TO RELA		

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 oimburcoment under title VV/II

rerinbu	rsement under title XVIII.		
6.00	HOME OFFICE	6.	00
7.00	SISTER FACILITY	7.	00
8.00		8.	00
9.00		9.	00
10.00		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 organi zati on.

E. Individual is director, officer, administrator, or key person of provider and related organization. F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provi der.

Heal th	Fi nanci a	I Systems	
	ED DACED	DUVELCLAN	

## FRANCI SCAN HEALTH LAFAYETTE In Lieu of Form CMS-2552-10

PROVI DE	R BASED PHYSICI	AN ADJUSTMENT		Provider (		Peri od:	Worksheet A-8	3-2
						From 01/01/2018	3	
						To 12/31/2018	B Date/Time Pre 5/30/2019 2:3	epared:
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.060	OTHER ADMINISTRATIVE AND	936, 931	936, 931	0	0 0	0	1.00
		GENERAL						
2.00		ADULTS & PEDIATRICS	71, 250			-	0	
3.00		NEONATAL INTENSIVE CARE UNIT	617, 000			-	0	0.00
4.00		SUBPROVIDER – IRF	112, 563			-	0	
5.00		RADI OLOGY-DI AGNOSTI C	30, 997	30, 997	C	-	0	
6.00		RADI OI SOTOPE	2, 175	2, 175		0 0	0	6.00
7.00		ELECTROCARDI OLOGY	640, 498			0	0	7.00
8.00		EMERGENCY	824, 274			-	0	
9.00		NOUND CARE	15,000	15, 000		-	0	9.00
10.00	0.00		0	0	0	-	0	10.00
200.00			3, 250, 688				0	
	Wkst. A Line #	5	Unadjusted RCE		Cost of	Provi der	Physician Cost	
		Identifier	Limit	Unadjusted RCE		Component Share of col.	of Malpractice Insurance	
				Limit	Conti nui ng Educati on	12	Thsurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00		OTHER ADMI NI STRATI VE AND	0.00	7.00				1.00
1.00		GENERAL	0	Ŭ			0	1.00
2.00		ADULTS & PEDIATRICS	0	0	C	0	0	2.00
3.00		VEONATAL INTENSIVE CARE UNIT	0	0			0	
4.00		SUBPROVIDER - IRF	0	0	C C	0	0	
5.00		RADI OLOGY-DI AGNOSTI C	0	0	C C	0	0	5.00
6.00		RADI OI SOTOPE	0	0	0	0 0	0	6.00
7.00	69. OO E	ELECTROCARDI OLOGY	0	0	0	0 0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	91.01	NOUND CARE	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician	Provi der	Adjusted RCE	RCE	Adjustment		
		l denti fi er	Component	Limit	Di sal I owance			
			Share of col.					
	1.00		14	4.4.00	17.00	10.00	-	
1.00	1.00		15.00	16.00	17.00	18.00		1.00
1.00		OTHER ADMINISTRATIVE AND GENERAL	0	0	C	936, 931		1.00
2.00		ADULTS & PEDIATRICS	0	0	0	71, 250		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	617,000		3.00
4.00	41.00	SUBPROVIDER – IRF	0	0	0	112, 563		4.00
5.00	54. OO F	RADI OLOGY-DI AGNOSTI C	0	0	C			5.00
6.00	56. OO F	RADI OI SOTOPE	0	0	C	2, 175		6.00
7.00		ELECTROCARDI OLOGY	0	0	C	640, 498		7.00
8.00		EMERGENCY	0	0	C			8.00
9.00		VOUND CARE	0			15,000		9.00
10.00	0.00		0	0				10.00
200.00			0	0	( C	3, 250, 688		200. 00

OST A	Financial Systems LLOCATION - GENERAL SERVICE COSTS		Provider CC		eriod: rom 01/01/2018	u of Form CMS-2 Worksheet B Part I	
					o 12/31/2018		
			CAPI TAL REL	ATED COSTS		373072017 2.3	
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
	OFNEDAL OFDULOF OOCT OFNITEDO	0	1.00	2.00	4.00	5.01	
. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT	26, 692, 164	26, 692, 164				1 1.0
. 00 . 00 . 01 . 02 . 03 . 04	00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATI ONS 01140 MGMT I NFO SYSTEMS 00550 PURCHASI NG 00570 ADMI TTI NG	6, 770, 735 39, 158, 456 1, 279, 802 14, 943, 393 1, 481, 995 4, 805	254, 278 35, 874 482, 605 594, 903 79, 488	6, 770, 735 77, 200 10, 892 146, 522 180, 616 24, 133		1, 505, 745	2. 4. 5.
. 05 . 06 . 00 . 00 . 00 0. 00	00580 PATI ENT ACCOUNTI NG 00560 OTHER ADMI NI STRATI VE AND GENERAL 00700 OPERATI ON OF PLANT 00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG 01000 DI ETARY	5, 537, 931 18, 732, 244 10, 527, 803 1, 024, 086 2, 971, 607 1, 097, 442	135, 455 1, 966, 751 3, 589, 326 142, 405 422, 511 672, 752	41, 125 597, 117 1, 089, 742 43, 235 128, 277 204, 251	0 7, 777, 641 1, 131, 540 46, 587 736, 318 316, 997	2, 136	7. 8. 9.
1.00 3.00 4.00 5.00 6.00 7.00	01100 CAFETERIA 01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY 01500 PHARMACY 01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	1, 010, 575 2, 925, 301 414, 157 3, 327, 387 1, 756, 191 660, 170	500, 512 131, 297 335, 951 250, 939 137, 640 19, 060	151, 958 39, 862 101, 997 76, 187 41, 788 5, 787	230, 489	19, 222 8, 543 49, 124 36, 309 19, 222	13. 14. 15. 16. 17.
0. 00 3. 00 3. 01	02000 NURSI NG SCHOOL 02301 PHARMACY RESI DENCY 02300 EMS EDUCATI ON	498, 746 278, 296 295, 639	958, 139 0 116, 729	290, 897 0 35, 439	749, 594 83, 426 96, 925	0	20. 23. 23.
0. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	16, 501, 339	3, 205, 755	973, 286	5, 247, 778	245, 619	30.
1. 00 5. 00 1. 00	03100 I NTENSI VE CARE UNI T 02060 NEONATAL I NTENSI VE CARE UNI T 04100 SUBPROVI DER – I RF	3, 633, 716 1, 946, 376 1, 400, 578	348, 182 243, 594 465, 791	105, 710 73, 957 141, 417 0	1, 199, 117 635, 038 471, 170	46, 988 36, 309 51, 259	31. 35. 41.
3. 00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	535, 254	0	0	184, 899	0	43.
0.00 1.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	7, 058, 433 651, 015	998, 323 82, 493	303, 097 25, 045	1, 378, 672 227, 166		
2. 00	05200 DELIVERY ROOM & LABOR ROOM	3, 489, 023	0	0	1, 205, 255	55, 531	52.
4.00 5.00	05400 RADI OLOGY-DI AGNOSTI C 03630 RADI OLOGY-THERAPEUTI C	8, 109, 468 662, 368	863, 081 44, 798	262, 036 13, 601	1, 208, 796 124, 090		54. 55.
5.00	05600 RADI OI SOTOPE	400, 562	10, 623	3, 225	119, 772	0	56.
5.01 7.00	03950 CARDIAC CATH LAB 05700 CT SCAN	2, 369, 690 918, 830	263, 747 127, 442	80, 075 38, 692	449, 865 251, 457	0	56
3. 00	05800 MRI	362, 371	41, 338	12, 550		0	58
D. 00 5. 00	06000 LABORATORY 06500 RESPI RATORY THERAPY	9, 884, 728 2, 318, 403	531, 804 19, 182	161, 459 5, 824	0 751, 053	93, 976 72, 617	60 65
6. 00	06600 PHYSI CAL THERAPY	3, 877, 302	375, 589	114, 031	1, 333, 234	12, 815	66
7.00 8.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	1, 368, 989 470, 683	170, 358 90, 779	51, 722 27, 561	482, 883 162, 832	0	67
9.00	06900 ELECTROCARDI OLOGY	1, 856, 289	362, 599	110, 087	564, 389	12, 815	69
0. 00 1. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	788, 433 12, 342, 632	245, 567 0	74, 556 0	241, 599 0	0	70
2.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19, 100, 155	0	0	0	0	72
3.00 3.01	07300 DRUGS CHARGED TO PATIENTS 07301 DIABETES CENTER	8, 209, 365 354, 504	0	0	0 121, 257	0 12, 815	73
4.00	07400 RENAL DI ALYSI S	813, 185	92, 448	28, 068			
6. 98	07698 HYPERBARI C OXYGEN THERAPY	63, 356	166, 928	50, 680	122	0	76
0. 00	OUTPATIENT SERVICE COST CENTERS	820, 257	0	0	153, 393	68, 346	90
1. 00 1. 01	09100 EMERGENCY 04950 WOUND CARE	7, 403, 749	1,036,413	314, 661 150, 954	2, 412, 317		91. 91.
2. 00 2. 01 2. 01	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART) 07HER REIMBURSABLE COST CENTERS	1, 460, 894 2, 051, 239	497, 204 242, 502	73, 625	506, 272 637, 114	0	92
	09500 AMBULANCE SERVI CES	2, 820, 428		73, 542			
01. OC	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	7, 209, 996	0	0	1, 158, 211	0	101.
	11300 HOSPI CE	4, 095, 653	115, 636	35, 108	657, 362		113. 116.
18.00		276, 738, 188		6, 591, 594			
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	78, 816	83, 616	25, 386			190.
92. UC	19200 PHYSICIANS' PRIVATE OFFICES 07950 MOB	15, 153, 090 9, 825	506, 431 0	153, 755 0	2, 580, 053 0		192. 194.

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2018 To 12/31/2018		
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFI TS DEPARTMENT	COMMUNI CATI ONS	
	0	1.00	2.00	4.00	5. 01	
194. 0107951LI FELI NE194. 0207952PATI ENT TRANSPORT194. 0307954OTHER NONREI MBURSABLE COST CENTERS200. 00Cross Foot Adj ustments201. 00Negati ve Cost Centers	0 30, 302 0	4, 391, 098 0			0 0	194. 01 194. 02 194. 03 200. 00 201. 00
202.00  TOTAL (sum lines 118 through 201)	292, 010, 221	26, 692, 164	6, 770, 73	5 39, 489, 934	1, 505, 745	202.00

Up to the other bases of pt on SYLEMS 100         PAIL FLM         PAIL FLM         PAIL FLM         Subtrait           0         Definition SPAN (C DOST CHITPES 1.0000) DP REL COSTS-MORE F 2011 (C DOST) DP REL 201		Financial Systems ALLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEAL	Provider CC	F	Period: From 01/01/2018 Fo 12/31/2018	u of Form CMS-: Worksheet B Part I Date/Time Pre 5/30/2019 2:3	
Decision         St. 03         5. 04         5. 05         70. 05           1.00         COUND C2 DEFT CENTER         1		Cost Center Description	MGMT INFO	PURCHASI NG	ADMI TTI NG			9 pm
Defined         Start (S)         CONTROL OF ALL DISTURDED         1           0.00000         CONTROL OF ALL DISTURDED         1				5.03	5.04		54 05	
2.00         DOUDD (LAP PLEL COSTS - WIGEL EXDIP // 0.00         2.1         DOUDD (LAP PLEL COSTS - WIGEL EXDIP // 0.00         2.1           5.00         DOUDD (LAP VELE EXERCITE TO DEAR 0.00         15, 623, 196         2.2         3.5           5.01         DOUDD (LAP VELE EXERCITE TO DEAR 0.00         0		GENERAL SERVICE COST CENTERS	0.02	0.00	0.01	0.00	0,1, 00	
4.00         DOUDO SUPLOYE. BENET IS DEPARTMENT         4.4           5.00         DI TAGINARI I MUN STRUS         15.623, 196           5.00         DI TAGINARI I MUN STRUS         15.623, 196           5.00         DOTAGINARI I MUN STRUS         15.623, 196           5.00         DOTAGINARI I MUN STRUS         15.623, 196           5.00         DOTAGINARI I MUN STRUS         0           5.00         DOTAGINARI I MUN STRUS         0.00           5.00         DOTAGI								1.00
5.01         011160         COMUNICATINES SYSTEMS         15.623.166         5.03         COSTO PURCHES IN MO         0         5.03         COSTO PURCHES IN MO         0         5.03         COSTO PURCHES IN MO         5.03         COSTO PURCHES IN MO         0         0         5.03         COSTO PURCHES IN MO         0								2.00
5.00         01400/MART I.N.O. SYSTEMS         15, 62, 100, 27, 71, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 61, 62, 717, 710, 710, 61, 62, 717, 710, 710, 710, 710, 710, 710, 710								5.01
5.10         DODSSIP PURCUASTING         0         2, 207, 415         0         <			15, 623, 196					5.02
5.05         000580         PATTERT ACQUARTING         0         0         0         5.74, 412         5.74, 412           7.00         00000         0PERATING AUMINISTATUS AUCONSTALLING         660, 233         771         0         0         0         10, 117, 848         1           7.00         00000         0PERATING AUMINISTAL LING         10, 00, 1000         11, 317, 848         1         1, 300, 868         8           0.00         00000         0PERATING AUMINISTALION         377, 410         0         0         0         2, 242, 349         11, 1           10.00         010000         0PERATING AUMINISTALION         377, 410         0         0         0         4, 499         1         0         0         4, 499         1         0         0         4, 499         1         0         0         0         4, 499         1         0         0         0         4, 499         1         0	5.03			2, 287, 415				5.03
5.06         00560         01HER ADMINISTRATIVE AMID GENERAL         1, 012, 676         0         0         00, 222, 243         5.           0.00         00500         LANROW A LINEN SERVICE         44, 4178         158         0         0         1, 7116, 864         7.           0.00         00500         LANROW A LINEN SERVICE         44, 4178         158         0         0         4, 991, 401         0           0.00         00500         LANROW A LINEN SERVICE         44, 4178         158         0         0         2, 423, 493         11.           0.00         01100         CAFFEEN A         240, 294         11.         10.         01100         CAFFEEN A         5, 072, 494         14.           10.00         01400         CAFTEAN ASTON         37, 724         10         0         0         1, 922, 644         16.           10.00         01400         CAFTEAN ASTON         38, 724         0         0         0         0         0         1, 922, 644         16.         1         16.         0         1, 922, 644         16.         1         16.         0         1, 920, 977         7.3         1         27.07         1, 920, 977         1.         1.         16.			0	0	108, 426	b l		5.04
7.00         DOTOD OPERATION OF PLANT         660.233         771         0         0         17.11,8,84         7.1           0.00         DOTOD OPERATION F & LIPRE SERVICE         44.477         158         0 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td>00.040.040</td><td>5.05</td></t<>			0				00.040.040	5.05
8.00         DOBODO LAURDRY & LINEN SERVICE         44, 478         198         0         0         1, 303, 065         8, 44, 998, 488         4, 400         0         0, 00, 00, 00, 493         1, 00, 01, 01								
9.00         00000         NUSERCEPING         707.957         2.658         0         0         4.488.488         9.1           11.00         011000         CAFETERIA         460.065         0         0         2.442.074         11.0           11.00         011000         CAFETERIA         460.065         0         0         4.988.488         9.1           11.00         01500         PHABMACY         387.744         199         0         0         1.960.016         1.1           10.00         01500         PHABMACY         4.000         1         0         0         0         1.960.016         1.7         0         0         1.960.016         1.7           10.00         017000         SOCIAL SERVICE         125.288         0         0         0         1.960.016         1.97.77         2.97         1.070         1.980.766         2.90.164.610         30.045.02         2.90.164.610         30.04.650         2.90.164.610         30.04.650         2.90.164.610         30.777         31.083         3.37.277         3.37.277         3.37.277         3.37.277         3.37.277         3.37.277         3.37.272         3.37.277         3.37.277         3.37.277         3.37.277         3.37.277					(			
10.00         01000         DETARY         220,986         2,572         0         0         2,449,074         10.1           11.00         01000         DETERNAL SERVICES & SUPPLY         300,471         154         0         0         0         2,449,074         11.1           10.00         01000         DETERNAL SERVICES & SUPPLY         300,473         14.1         0         0         0         0         1,433,941         13.1           10.00         01000         DEEDTGAL ECCORDS & LIBRARY         30,400         0         0         0         1,932,404         0         1,932,404         10.1         0.1         1,032,404         10.1         0.0         0         1,032,404         10.1         10.0         10.00         1,032,404         10.1         10.0         10.00         1,032,404         10.1         10.0         10.00         1					(	-		
13.00       00       0000       0000       4,633,946       13.1         14.00       01500       FIRAL SERVICES & SUPELY       100.613       154       0       0       0       1,902,049       16.1         15.00       01500       FIRAL SERVICES & LIBRARY       4,004       10       0       0       0       0       0.000,044       16.0       0       0       0       0       0.000,044       16.0       0       0       0.000,044       16.0       0       0       0       0       0       0       0.000,044       16.0       0       0       0.000,044       10.00       0       0       0.000,044       0       0       0       0.000,050,050,050,050,050,050,050,050,05	10.00				(	0 0		
14.00       [01400] CENTRAL SERVICES & SUBPLY       100, 613       154       0       0       1,090, 892       14,197         15.00       15500 FISSOP RAMARCY       380, 744       79       0       0       1,792, 249       15.1         16.00       01500 MEDI CAL RECORDS & LIBRARY       4.009       1       0       1,792, 240       16.1       1,792, 240       16.1       1,792, 240       16.1       1,792, 240       16.1       1,792, 240       17.992, 240       17.992, 240       17.992, 240       17.992, 240       17.992, 241       17.992, 271       17.992, 271       17.992, 271								
15.00       01500       PHARMACY       386,744       79       0       0       5,072,409       15,072,409       1         17.00       01700       SCH LIS REVICE       125,288       0       0       0       1,060,016       17,000         23.00       D2301       PHARMACY MESI DENCY       38,728       0       0       0       400,452       23,000         30.00       D3001       PHARMACY MESI DENCY       38,728       0       0       0       400,452       32,000       30,000       280,790       29,016,610       0       0,000       30,000       280,790       29,016,610       0       0       0,000       30,000       29,016,610       0       0       0,000       30,000       280,790       29,016,610       0       0       30,00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
16.00       01600       UFDICAL RECORDS & LIBRARY       4,009       1       0       0       1,982,601       16,00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
17.00       00700       SOCIAL SERVICE       125,288       0       0       0       1,060,016       17,1         23.00       02301       PHARMACY RESIDENCY       38,728       0       0       400,450       23,1         10       0300       DESTIDUCTINE       SERVICTINE       54,845       0       0       909,0577       23,00         10       030100       INTERSINE CARE UNIT       200,0577       2,866       5,310       280,700       29,018,610       30,100         00       030100       INTERSINE CARE UNIT       200,277       1,877       1,880       72,70,80       2,774,159       41,119,80       43,1								
20. 00         02000         NURSENC SCHOOL         311, 583         478         0         0         2.60         2.61         0.60         0         0.60         0         0.60								
23.01         02300 [UIS EDUCATION         54, 645         0         0         599, 577         23.1           30.00         03000 ADULTS & PEDLATRICS         2, 555, 877         2, 886         5, 310         280, 760         29, 018, 610         30.1           31.00         03100 INTENSIVE CARE UNIT         620, 807         47, 310         75, 347         3, 307, 297         36.1           31.00         03100 INTENSIVE CARE UNIT         296, 297         1, 070         1, 386         73, 272         3, 607, 297         34.1           43.00         04300 INTENSIVE CARE LONT CENTERS         68, 724         0         3, 324         11, 272, 697         51.1           50.00         05000 OPERATING ROM         68, 724         0         1, 163, 688, 713         11, 687, 694         52.5           50.00         05400 RMD COVEN HARDR         68, 277         75.3         388, 713         11, 681, 651         44.1         52.5         55.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         56.00         57.746         56.1         57.746         56.1         57.757 </td <td></td> <td></td> <td></td> <td>478</td> <td>(</td> <td>0 0</td> <td></td> <td></td>				478	(	0 0		
INPART LENT ROUTINE SERVICE COST CENTERS           11.00         003000 INTESS VE CARE UNIT         620, 807         479         1, 149         75, 044         6, 031, 462         31, 10           01.00         004000 INTESS VE CARE UNIT         620, 807         479         1, 149         75, 044         6, 031, 462         31, 10           01.00         SUBPROV DER - I RF         215, 476         73         557         27, 865         2, 774, 159         41, 10           00         03000 INESKY         ARCILLARY SERVICE COST CENTERS         0         324         11, 132         63, 300, 297         15, 10           00         05000 RECOVERY ROM         646, 999         68, 152         14, 032         753, 724         11, 272, 601         50, 10           51.00         05100 RECOVERY ROM         86, 729         1         1, 193         63, 066         1, 336, 794         15, 00           54.00         05400 RADI LOGV-FIRARUNC ROM         64, 729         1         1, 013, 061, 541         55, 00           55.00         05600 RADI LOGV-FIRARUNC ROM         28, 477         7, 382         388, 713         11, 614, 933         10         956, 924         55, 100         00, 0560         10, 330, 929         10, 316, 13, 317         54, 55         50, 05, 506 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
30:00       03000 ADULTS & PEDIATRICS       2,555,677       2,866       5,310       280,760       29,018,610       20.4         31:00       03000 INTENSIVE CARE UNIT       296,297       1,070       1,386       73,270       3,307,297       35,10         41:00       04100 SUPROVIDER - I IRF       215,476       73       522       27,868       2,774,199       41,1         43:00       04300 NURSERY       82,254       0       324       17,130       819,861       34,1         43:00       05000 QPE RATING ROOM       646,999       68,152       1,032       75,3724       11,272,641       51,10         50:00       05000 QPE RATING ROOM       536,172       0       1,948       103,000       5,390,979       51,10         51:00       05200 DE LIVERY ROUM & LABOR ROOM       536,172       0       7,3380,713       11,616,085       56,590       20,090       576,954       56,00         56:00       05000 RADIO STOPPE       12,748       74       1,022       52,950       360,713       51,163       57,00       3,577,54       3,807,73       53,817,56,41       56,570,562       58,175       54,550       56,00       56,00       576,954       56,00       56,00       576,954       56,00	23.01		54, 845	0	(	0 0	599, 577	23.01
31.0.0       03100   INTENSI VE CARE UNIT       620, 807       479       1, 419       75, 044       6, 031, 462       31.         31.0.0       04100 SUBPROVIDER - I RF       215, 476       73       527       72.       866       72.       77.       15.       30.       93.00       33.00       43.0         ANDILLARY SERVICE COST CENTERS       -       -       -       -       11.02       753.724       11.222,691       51.       60.00       53.000,95.000       53.00       53.000       53.000       53.000       53.000       53.000       53.000       53.000       53.000       53.000       53.000       53.000       55.000       55.900       50.20       55.000       55.900       50.20       55.000       0.000       53.000       55.000       55.900       50.20       55.00       55.900       50.20       55.00       55.900       50.20       55.00       55.900       50.21       55.00       55.00       56.00       56.00       57.00       75.3       3.000       75.3       50.00       75.00       3.16.81.71       56.1       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.00       56.0	20.00		2 555 977	2 004	E 210	280 740	20 019 410	20.00
35. 00       02060 NEOMATAL INTENSI VE CARE UNIT       296, 297       1, 070       1, 386       72, 270       3, 307, 297       34, 1         43. 00       04300 NURSERY       82, 254       0       324       17, 130       819, 861       43, 1         ANOL LARY SERVICE COST CENTERS								
41.00       04100       SUBPROVIDER - I RF       215, 476       73       527       27, 868       2, 774, 159       41.4         ANCILLARY SERVICE COST CENTERS       32, 254       0       324       17, 130       89, 861       43.4         ANCILLARY SERVICE COST CENTERS       11, 40, 032       753, 724       11, 272, 691       60.1       51, 00       65000 PERATI IN, ROOM       646, 799       61, 152       14, 40, 30, 000       53, 90, 929       52, 50       50, 90, 909       52, 51       50, 90, 929       52, 50       50, 90, 929       52, 50       50, 90, 824       54, 50       56, 00       05600 RADIOLOCY-THERAPEUTIC       52, 010       0       10, 94       10, 84, 15       54, 40       0       57, 69, 64, 54, 54       56, 50       05, 000 CARDI ACCATH LAB       175, 960       72, 775       3, 809       20, 396, 33, 618, 317       56, 50       05, 000 CRSON RESPIRATORY THERAPEY       0       47, 731       11, 517       60, 809, 11, 340, 123       60, 65, 00       66, 00       6600 CRSPIRATORY THERAPY       70, 673       1       1, 641       85, 321       6, 507, 540       64, 45, 321       6, 507, 540       64, 45, 321       6, 507, 540       64, 45, 451       62, 275       57, 416       53, 574, 476, 54       64, 64, 53, 582, 424, 47, 42, 44, 44, 423, 429, 40, 43, 44, 44, 433, 439, 522, 424, 64, 43, 4								
NACT LARY SERVICE COST CENTERS           0.00         05000 OPERATI NG ROOM         646, 999         66, 152         14, 032         753, 724         11, 272, 691         50           51.00         05100 RECOVERY ROOM         86, 729         1, 193         63, 066         1, 153, 794         51           52.00         05200 RADIOLOCY-THERAPEUTIC         627, 249         66, 217         7, 382         388, 713         11, 681, 661         54           55.00         03630 RADIOLOCY-THERAPEUTIC         52, 010         0         10, 948         10, 396         36, 18, 317         56.           05600 RADIOLOCY-THERAPEUTIC         52, 010         0         0, 00         576, 954         56.           05700 CT SCAN         108, 415         822         6, 225         332, 9118         1, 781, 001         57.           50.00         05600 RESPI RATORY THERAPY         0         47, 733         11, 517         608, 908         11, 340, 123         60.           65.00         06500 CRESPI RATORY THERAPY         707, 673         1         1, 614         85, 322, 474         67.           66.00         06600 CREAPI ANGENTAPY         201, 438         0         991         51. 876         2, 328, 474         67.           70.00								
50. 00         050000         0FEANTING ROOM         646, 999         68, 152         14, 032         753, 724         11, 272, 691         50.           51. 00         05100 RECOVERY ROOM         536, 772         0         1, 448         103, 000         5, 390, 929         52.           54. 00         05600 REI DICKY-THERAPCUTIC         622, 749         86, 217         7, 352         388, 713         11, 681, 061         54.           55. 00         03630 RADI DICKY-THERAPCUTIC         52. 010         0         1, 002         52. 955         950, 624         55.           56. 01         05500 CHADI CACTH LAB         175, 950         73, 775         3, 809         201, 396         3, 618, 317         56.           57. 00         05700 CTSCO         100, 415         822         6.225         329, 118         178, 1001         57.           58. 00         05800 MRI         200, 14002ATORY         0         47, 731         157.         668, 908         13, 340, 123.         60.           66. 00         06500 RESPIRATORY THERAPY         70, 673         1         1, 644         853.221         67.         1, 340, 123.         60.           66. 00         06500 RESPIRATORY THERAPY         70.         67.3         174.4         <	43.00		82, 254	0	324	17, 130	819, 861	43.00
51.00       OSTOQ FELOVERY ROM       86,729       1       1,93       63.066       1,153,794       51.3         52.00       OSTOQ FELIVERY ROM & LABOR ROM       5301,722       1       1,948       103.000       5,390,292       52.9       55.90       3630       103.000       5,390,292       52.9       55.90       5300,292       52.9       55.90       5300,292       52.9       55.90       5300,292       52.9       55.90       5300,292       52.9       55.90       5300,292       52.9       55.90       5300,292       52.9       55.90       50.00       56.00       0.00       56.00       0.00       56.00       0.00       56.00       0.00       56.00       0.00       56.00       0.00       56.00       0.00       56.00       1.18,37       56.50       50.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       57.00       50.00       1.13,40,123       60.00       66.00       66.00       66.00       66.00       1.13,40,123       60.00       66.00       66.00       66.00       51.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00       50.00 <td< td=""><td></td><td></td><td></td><td>(0.150</td><td></td><td>750 704</td><td>11.070.001</td><td>1</td></td<>				(0.150		750 704	11.070.001	1
52.00         052.00         DELIVERY ROM & LABOR ROM         536,172         0         1,948         103,000         5,390,929         52.           54.00         OFGO RADI DLOCY-THERAPUTI C         52.010         0         1,002         52.955         950,024         55.           50.00         OFGO RADI DLOCY-THERAPUTI C         52.010         0         1,002         52.955         950,024         55.           50.00         OFGO RADI DLOCY-THERAPUTI C         52.010         0         0,002         52.955         950,024         55.           50.00         OFGO RADI DLOCY-THERAPUTI C         52.010         73.775         3.809         201,396         3,618,317         56.           51.00         OFGO CLASCATORY         0         47.731         11.517         608,908         11.340,123         60.           65.00         OFGO OLARDRATORY         70,673         1         1.44         85.321         62.557.500         66.           65.00         OFGO OLARDRATORY         73.082         0         981         51.876         2.328,247         67.           67.00         OFGO OCUPATIONAL THERAPY         701.673         1         1.44         85.221         68.0         680.0         133         31.34								
54.00         OS400         RADI LOCY-DI AGNOSTI C         627, 249         86, 217         7, 352         388, 713         11, 661, 661         54.01           55.00         Q5600         RADI LOCY-DI EREAPEUTI C         52, 010         0         1, 002         52, 959         950, 824         55.           66.01         Q5900         CARLIAC CATH LAB         175, 960         73, 775         3, 809         201, 394         3, 618, 317         56.           67.00         OS700         CT SCAN         108, 415         822         6, 225         329, 118         1, 781, 001         57.           58.00         06500         RESPI RATORY         28, 345         24         1, 227         67.7         11, 340, 123         66.           65.00         06500         RESPI RATORY         73, 362         0         981         51, 876         2, 328, 247         67.           67.00         06700         CUCHATI ONAL THERAPY         201, 438         0         981         51, 876         2, 328, 247         67.           69.00         GEOSO         RESPI RATORY THECAPY         201, 438         0         981         51, 876         2, 328, 247         67.           70.00         07000         ELECTENCORCARDI OLOCY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
55.00         03630         RADIO LOGO'-THERAPUTIC         52.010         0         1.002         52.955         950.824         55.5           66.00         CRADIO STOPE         24.748         24         0         0         576.945         56.5           56.00         CRADI LA CATH LAB         175.960         73.775         3.809         201.396         3.418.317         56.6           57.00         D5000         MRI         28.345         24         1.224         64.731         592.562         58.6           60.00         D6000         RESPI RATORY THERAPY         34.188         7.489         1.275         67.416         3.597.44         65.0           66.00         D6000         RESPI RATORY THERAPY         707.673         1         1.614         85.321         6.507.500         66.           67.00         D6700         DCU OCUPATI NORAL THERAPY         70.663         0         513         27.144         1.483.492         70.           68.00         D6800         SPECTROENCEPHALOGY         73.082         0         271.31         13.669.483         13.80.698.871         13.83.698.884         746.83         13.83.698.887         74.4         74.483         74.4         74.428.74         74.72.00				-				
56.01       03950       CARDIAC CATH LAB       175, 960       775       3, 809       201, 396       3, 618, 317       5.6         57.00       05700       05700       1500       12, 224       6, 225       3.9       18       1, 781, 001       57.4         58.00       06800       MRI       28, 345       24       1, 224       64, 731       592, 562       58.6         60.00       06600       LABORATORY       0       47, 731       11, 517       668, 908       11, 340, 123       60.1         66.00       06600       PKSPI RATORY THERAPY       707, 673       1       1, 614       85, 321       6, 507, 580       66.6         67.00       07000       CLECTROENCEPHALOGRAPHY       201, 438       0       981       51, 876       2, 322, 471       67.1         70.00       07000       ELECTROENCEPHALOGRAPHY       105, 680       0       513       27, 144       1, 483, 492       70.7         71.00       07100       MEDICAL SCRUDCLORAL THERAPY       0       1, 197, 394       8, 858       468, 315       20, 774, 722       72.7       72.0       73.752       10, 1433       13, 66, 680       71.7       72.0       72.3       543, 311       35, 66, 680       71.4								
57.00       057.00       CT SCAN       108.415       622       6.225       329.118       1,781.001       57.         58.00       05800       MRSON MRI       28.345       24       1,224       64.731       592.562       58.         60.00       06000       RESPI RATORY THERAPY       354.188       7,489       1.275       67.416       3.597.447       65.         67.00       06700       PKSPI RATORY THERAPY       707.673       1       1.614       85.321       6.507.80       66.         68.00       06800       SPECE F PATHOLOCY       73.082       0       272       14.373       839.582       68.         69.00       06900       ELECTROCARDI OLOGY       230.822       0       273       543.131       13.669.808       71.         71.00       MEDI CAL SUPPLIES CHARGED TO PATIENT       0       773.772       10.273       543.131       13.669.808       71.         73.01       07300       DRUGS CHARCED TO PATIENTS       0       28       11.654       616.135       8.837.182       73.74       74.427.422       73.         73.01       07300       DRUGS CHARCED TO PATIENTS       0       23       2.066       283.291       74.722       74.722 <td< td=""><td>56.00</td><td></td><td>42, 748</td><td></td><td></td><td></td><td>576, 954</td><td>56.00</td></td<>	56.00		42, 748				576, 954	56.00
58 00       05800       MRI       28, 345       24       1, 224       64, 731       592, 562, 563, 563         60 00       06000       LABORATORY       0       47, 731       11, 517       608, 908       11, 340, 123       60, 60         66 00       06000       OCOD CLABORATORY       707, 673       1       1, 614       85, 321       6, 507, 500       66, 70         67, 00       06700       OCUPATIONAL THERAPY       707, 673       1       1, 614       85, 321       6, 507, 500       66, 70         68, 00       06800 SPECH PATHOLOGY       73, 082       0       272       14, 373       839, 582       68, 70         69, 00       06900 ELECTROENCEPHALOGRAPHY       105, 680       0       513       27, 144       1, 483, 492       70, 10         71, 00       07000 KELOCALSUPLIES CHARGED TO PATIENTS       0       73, 772       10, 273       543, 131       13, 669, 808       71, 720         73, 01       07300 DRUES CHARGED TO PATIENTS       0       28       11, 654       616, 135       8, 837, 128       73, 10         74, 00       07400 RENAL DI ALYSIS       23, 908       0       267       14, 138       1, 024, 542       74, 74         74, 00       07400 RENAL DI ALYSIS </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
60         0000         LABORATORY         0         47,731         11,517         608,908         11,340,123         60.           65:00         06500         RESPI RATORY THERAPY         354,188         7,489         1,275         67,416         3,597,447         65.           67:00         06700         0COLPATI ONAL THERAPY         201,438         0         961         51,376         2,328,247         67.           68:00         06800         SPECCH PATHOLOGY         73,082         0         272         14,373         839,582         68.           69:00         06900         ELECTROCARDI OLOGY         246,096         43         2,666         137,790         3,292,714         69.           71:00         07100         MEDI CAL SUPPLIES CHARGED T0 PATIENT         0         713,772         10,273         543,131         13,669,808         71.           73:00         07300         DROD ORUSC SCHARGED T0 PATIENTS         0         28         11,664         616,135         8,837,182         73.           73:00         07300         DROD RENAL DIA LYSIS         23.908         0         267         74.143         1.024,542         74.           74:00         07400         RANGED TO PATIENT								
65:00       06500       PESPIRATORY THERAPY       354,188       7,489       1,275       67,416       3,597,447       65.         66:00       066000       PHYSICAL THERAPY       707,673       1       1,614       95.357,580       66.       66.00         67:00       06700       OCCUPATIONAL THERAPY       707,673       1       1,614       95.327,650       66.       66.00         68:00       066000       SPECH PATHOLOGY       73,082       0       272       14,373       839,582       68.0         00       07000       ELECTROCARDIOLOGY       246,096       43       2,606       137,790       3,292,714       1,483,492       70.0         01:00       07100       MPL       DEV. CHARGED TO PATIENTS       0       773,72       10.273       543,131       3,669,808       74.72       73.01         73:00       07301       DIABETES CENTER       53,761       0       3       136       542,476       73.         74:00       07400       REALDIALYSIS       23,908       0       267       14,138       1,024,542       74.         74:00       07400       REALDIALYSIS       23,908       0       267       14,138,10.24,542       74.       74.								
66.00       0600       PHYSI CAL THERAPY       707, 673       1       1, 614       85, 321       6, 507, 500       66, 0         67.00       06000       OCCUPATI ONAL THERAPY       201, 438       0       981       51, 876       2, 328, 247       67, 0         68.00       06800       SPEECH PATHOLOGY       73, 082       0       272       14, 373       839, 582       68, 0         69.00       06000       ELECTROCARDIOLOGY       246, 096       43       2, 606       137, 790       3, 292, 714       69, 83, 922, 714       69, 83, 922, 714       69, 80       71, 00       07000       ELECTROCARDIOLOGY       246, 096       43       2, 606       137, 790       3, 292, 714       69, 80       71, 20       70, 00       700       NED, EDEV       Alage, 808       66, 81, 520, 774, 722       72, 72       73, 712       10, 273       543, 131       13, 669, 808       71, 472       73, 73       10       07300       DIABETES CENTRE       53, 761       0       3       136       542, 476       73, 73         73.00       07300       RABER ENTER       239, 908       0       267       14, 138       10, 042, 422       74, 73       74, 43       1, 454, 476       73, 54       11, 155       29, 176       95,			-					
68.00         06800         SPECH PATHOLOGY         73,082         0         272         14,373         839,582         68.0           69.00         06900         ELECTROCARDIOLOGY         246,096         43         2,606         137,790         3,292,714         69.0           01.00         07000         ELECTROCARDIOLOGY         246,096         43         2,606         137,790         3,292,714         69.00           07000         ELECTROCARDIOLOGY         246,096         0         513         27,144         1,483,492         70.0           07000         ELECTROCARDIOLOGY         0.0         773,772         10,273         543,131         13,669,808         71.0           73.00         07300         DRUGS CHARGED TO PATIENTS         0         1,197,394         8,858         468,135         20,774,722         72.0           73.01         07300         DRUGS CHARGED TO PATIENTS         53,761         0         3         136         542,476         73.0           74.00         07400         RENAL DIALYSIS         23,908         0         267         14,138         1,024,582         74.4         74.4         393,674         12,751,864         110.92         90.00         260         9000 <t< td=""><td>66.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	66.00							
69:00         06900         ELECTROCARDIOLOGY         246.096         43         2.606         137.790         3.292,714         69.0           70:00         07000         LECTROENCEPHALOGRAPHY         105,680         0         513         27,144         1,483,492         70.0           71:00         07100         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         1,197,394         8,858         468,315         20,774,722         72.3           73:00         07300         DRUGS CHARGED TO PATIENTS         0         1,197,394         8,858         468,315         20,774,722         72.3           73:00         07301         DLABETES CENTER         53,761         0         3         136         542,476         73.           74:00         07408         RIPALERARIC OXYGEN THERAPY         100         0         39         2,066         232,991         76.9           007698         HYPERBARIC OXYGEN THERAPY         100         0         3         67         3,564         1,155,822         90.0           90:00         O9000         ELINIS         ERVICE COST CENTER         218,681         11         552         29,776         2,883,744         91.0           91:00         09000         ELINISENTI				0				
70.00       07000       ELECTROENCEPHALOGRAPHY       105,680       0       513       27,144       1,483,492       70.         71.00       07100       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       773,772       10,273       543,131       13,669,808       71.         73.00       07200       IMPL. DEV. CHARGED TO PATIENTS       0       1,197,394       8,858       468,315       20,774,72       72.       72.         73.00       07300       DRUGS CHARGED TO PATIENTS       0       1,197,394       8,858       468,315       20,774,72       72.       73.         73.01       07300       DRUGS CHARGED TO PATIENTS       0       28       11,654       616,135       8,837,182       73.         74.00       07400       RENAL DI ALYSIS       23,908       0       267       14,138       1,024,542       74.         76.98       MPVERBARIC OXYGEN THERAPY       100       0       39       2,066       283,291       70.       71.       71.       71.       74.46       393,674       12,751,164       91.       91.       91.099       9000       DBSERVATION BEDS (NON-DI STINCT PART       291,769       183       1,084       57,300       3,354,816       91.       92.       92.0				0				
71.00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       773, 772       10, 273       543, 131       13, 669, 808       71, 72         72.00       07200       IMPL. DEV. CHARGED TO PATI ENTS       0       1, 197, 394       8, 858       466, 315       20, 774, 722       72, 72         73.00       07301       DI ABETES CENTER       53, 761       0       3       136       542, 476       73, 72         74.00       07400       RENAL DI ALYSI S       23, 908       0       267       14, 138       1, 024, 542       74, 60         0       07900       CINTREARI C OXYGEN THERAPY       100       0       39       2, 066       283, 291       76         90.00       090100       EMERGENCY       1, 177, 417       5, 487       7, 446       393, 674       12, 751, 164       91, 01         91.00       09200       DBSERVATI ON BEDS (IOSTI INCT PART       218, 681       11       552       29, 176       2, 863, 744       91, 02, 03       3, 54, 868       858, 820       113, 045         92.00       09200       DBSERVATI ON BEDS (IOSTI INCT PART       201       09201       09208       MENGABLE COST CENTERS       314, 964       57, 300       3, 354, 816       92, 00       130, 1126				43				
72.00       07200 IMPL       DEV. CHARGED TO PATIENTS       0       1, 197, 394       8, 858       468, 315       20, 774, 722       72.         73.00       07300 DUGS CHARGED TO PATIENTS       0       28       11, 654       616, 135       8, 837, 182       73. 07         73.01       07301 DI ABETES CENTER       53, 761       0       3       136       542, 476       73. 07         76.98       07400 RENAL DI ALYSI S       23, 908       0       267       14, 138       1, 024, 542       74. 07         00       09000 CLINIC       CSTECNTERS       210, 00       39       2, 0.66       283, 291       76. 7         91.00       09000 EMERGENCY       110, 192       3       67       3, 564       11, 155, 822       90. 19. 100         91.01       04950 WOUND CARE       218, 681       11       552       29, 176       2, 863, 816       92. 0         92.01       095201 OBSERVATI ON BEDS (IOSTINCT PART       291, 769       183       1, 084       57, 300       3, 354, 816       92. 0         92.01       09500 AMBULANCE SERVI CES       545, 148       1, 058       1, 126       59, 528       4, 501, 382       95. 0         101.00       1000 HAURE HALTH AGENCY       435, 199 <td< td=""><td></td><td></td><td></td><td>773 772</td><td></td><td></td><td></td><td></td></td<>				773 772				
73.00       07300       DRUGS CHARGED TO PATIENTS       0       28       11,654       616,135       8,837,182       73.07         73.01       07301       DIABETES CENTER       53,761       0       3       136       542,476       73.07         74.00       7400       RENAL DIALYSIS       23,908       0       267       14,138       1,024,542       74.07         76.98       07698       HYPERBARI C 0XYGEN THERAPY       100       0       39       2,066       283,291       76.07         00.00       QOMOO CLINI C       110,192       3       67       3,564       1,155,822       90.0       90.00       90.00       90.00       200.00       564       1,155,822       90.0       90.00       90.00       QOMOO CLINI RC       88,837,182       73.07       74.46       393,674       12,751,164       91.07         91.00       09100       EMERGENCY       1,177,417       5,487       7,446       393,674       12,751,164       91.07       92.07       9200       0858RVATI ON BEDS (DI STINCT PART       291,769       183       1,084       57,300       3,354,816       92.0       9500       MOBURSABLE COST CENTERS       95.07       105.05       12,255.57       95.08       95.05			0					
74.00       07400       RENAL DI ALYSI S       23,908       0       267       14,138       1,024,542       74.0         76.90       07698       HYPERBARI C 0XYGEN THERAPY       100       0       39       2,066       283,291       76.9         90.00       09000       CLINIC       110,192       3       67       3,564       1,155,822       90.0         91.00       09100       EMERGENCY       1,177,417       5,487       7,446       393,674       12,751,164       91.0         92.00       09200       DBSERVATI ON BEDS (NON-DI STINCT PART)       291,769       183       1,084       57,300       3,354,816       92.0         92.01       09201       DBSERVATI ON BEDS (DI STINCT PART)       291,769       183       1,084       57,300       3,354,816       92.0         92.00       09500       AMBULANCE SERVICES       545,148       1,058       1,126       59,528       4,501,382       95.0         95.00       09500       AMBULANCE SERVICES       545,148       1,058       1,126       59,528       4,501,382       95.0         101.00       Internest EXPENSE       110,001       1100       HORE MELLANCE SERVICES       545,148       1,058       1,126       5,744,	73.00		0				8, 837, 182	73.00
76.98         OT698         HYPERBARI C 0XYGEN THERAPY         100         0         39         2,066         283,291         76.4           0UTPATT ENT SERVICE COST CENTERS				0	3			
OUTPATI ENT SERVICE COST CENTERS           90.00         09000         CLINIC         110,192         3         67         3,564         1,155,822         90.0           91.00         OP100         EMERGENCY         1,177,417         5,487         7,446         393,674         12,751,164         91.0           92.00         OP200         OBSERVATI ON BEDS (NON-DI STINCT PART         218,681         11         552         29,176         2,863,744         91.0         0           92.01         O9200         OBSERVATI ON BEDS (ID STINCT PART)         291,769         183         1,084         57,300         3,354,816         92.0         92.0           95.00         OP500         ABURSABLE COST CENTERS         545,148         1,058         1,126         59,528         4,501,382         95.0           101.00         I0100         HOME HEALTH AGENCY         435,199         10,362         826         43,686         8,858,280         101.0           113.00         I1300         INTREST EXPENSE         114.00         3,439         1,702         89,960         5,315,764         113.0           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         15,507,127         2,287,395         108,426         5,744,412         268,8								
90.00       09000       CLINIC       110, 192       3       67       3, 564       1, 155, 822       90.0         91.00       09100       EMERGENCY       1, 177, 417       5, 487       7, 446       393, 674       12, 751, 164       91.0         92.00       09200       DSERVATI ON BEDS (NON-DI STINCT PART       218, 681       11       552       29, 176       2, 863, 744       91.0       09200       0BSERVATI ON BEDS (DI STINCT PART       09200       0BSERVATI ON BEDS (DI STINCT PART)       291, 769       183       1, 084       57, 300       3, 354, 816       92.0       09500       AMBULANCE SERVICES       545, 148       1, 058       1, 126       59, 528       4, 501, 382       95.0       01000 HOME HEALTH AGENCY       435, 199       10, 362       826       43, 686       8, 858, 280       101.0         SPECIAL PURPOSE COST CENTERS         T13.00       11300       INTREEST EXPENSE       316, 904       3, 439       1, 702       89, 960       5, 315, 764       116.0         NONREI MBURSABLE COST CENTERS         110.002       19       0       0       268, 865, 292       118.00         NONREI MBURSABLE COST CENTERS         100       0       0	/6. 98		100	0	34	2,066	283, 291	/6. 98
91.00       09100       EMERGENCY       1,177,417       5,487       7,446       393,674       12,751,164       91.01         91.01       04950       WOUND CARE       218,681       11       552       29,176       2,863,744       91.01         92.00       09200       OBSERVATI ON BEDS (NON-DI STI NCT PART)       291,769       183       1,084       57,300       3,354,816       92.0         92.01       OBSERVATI ON BEDS (DI STI NCT PART)       291,769       183       1,084       57,300       3,354,816       92.0         07HER       REI MBURSABLE COST CENTERS       545,148       1,058       1,126       59,528       4,501,382       95.0         101.00       HORE HEALTH AGENCY       435,199       10,362       826       43,686       8,858,280       101.0         113.00       INTEREST EXPENSE       316,904       3,439       1,702       89,960       5,315,764       116.0         118.00       SUBTOTALS (SUM OF LI NES 1 through 117)       15,507,127       2,287,395       108,426       5,744,412       268,865,292       118.0         190.00       GI FT, FLOWER, COFFEE SHOP & CANTEEN       11,002       19       0       0       215,307       190.0         192.00       PHYSI C	90, 00		110, 192	3	67	3, 564	1, 155, 822	90.00
92.00       09200       0BSERVATI ON BEDS (NON-DI STI NCT PART)       291, 769       183       1, 084       57, 300       3, 354, 816       92.01         92.01       0BSERVATI ON BEDS (DI STI NCT PART)       291, 769       183       1, 084       57, 300       3, 354, 816       92.01         0THER REIMBURSABLE COST CENTERS       09500       AMBULANCE SERVI CES       545, 148       1, 058       1, 126       59, 528       4, 501, 382       95.00         10100       HOME HEALTH AGENCY       435, 199       10.362       826       43, 686       8, 858, 280       101.00         113.00       INTEREST EXPENSE       316, 904       3, 439       1, 702       89, 960       5, 315, 764       116.01         118.00       ISUBTOTALS (SUM OF LINES 1 through 117)       15, 507, 127       2, 287, 395       108, 426       5, 744, 412       268, 865, 292       118.01         1090.00       IFT, FLOWER, COFFEE SHOP & CANTEEN       11, 002       19       0       0       215, 307       192.01         192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       105, 067       1       0       0       98, 960       98, 960       5, 315, 764       116.02         194.00       07950       MOREL       MURSABLE COST CENTERS       0 <td></td> <td></td> <td></td> <td>5, 487</td> <td></td> <td></td> <td></td> <td></td>				5, 487				
92.01       09201       0BSERVATI ON BEDS (DI STINCT PART)       291,769       183       1,084       57,300       3,354,816       92.0         0THER       REIMBURSABLE       COST CENTERS       545,148       1,058       1,126       59,528       4,501,382       95.0         101.00       10100       HOME       HEALTH       AGENCY       435,199       10,362       826       43,686       8,858,280       101.0         SPECIAL PURPOSE COST CENTERS         113.00       11300       INTEREST       EXPENSE       316,904       3,439       1,702       89,960       5,315,764       116.0         118.00       SUBTOTALS       SUBTOTALS       SUB OF LINES 1 through 117)       15,507,127       2,287,395       108,426       5,744,412       268,865,292       18.0         NONREL MBURSABLE COST CENTERS         114.00         10,000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       11,002       19       0       0       215,307       190.0         192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       105,067       1       0       0       9,825       194.0         194.00       07950       MOB       0       0       0	91.01	04950 WOUND CARE	218, 681	11	552	2 29, 176	2, 863, 744	
OTHER         REI MBURSABLE         COST         CENTERS           95.00         09500         AMBULANCE         SERVICES         545, 148         1, 058         1, 126         59, 528         4, 501, 382         95.0           101.00         10100         HOME         HEALTH         AGENCY         435, 199         10, 362         826         43, 686         8, 858, 280         101.0           SPECIAL PURPOSE COST CENTERS           113.00         11300         INTEREST EXPENSE         316, 904         3, 439         1, 702         89, 960         5, 315, 764         116.0           116.00         11600         HOSPICE         SUBTOTALS (SUM OF LINES 1 through 117)         15, 507, 127         2, 287, 395         108, 426         5, 744, 412         268, 865, 292         118.0           NONREI MBURSABLE COST CENTERS           190.00         19000         GI FT, FLOWER, COFFEE SHOP & CANTEEN         11, 002         19         0         0         215, 307         190.0           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         105, 067         1         0         0         9, 825         194.0           194.00         07950         MOB         0         0         0								
95.00       09500       AMBULANCE SERVICES       545,148       1,058       1,126       59,528       4,501,382       95.0         101.00       10100       HOME HEALTH AGENCY       435,199       10,362       826       43,686       8,858,280       101.0         SPECIAL PURPOSE COST CENTERS       545,148       1,058       1,702       89,960       5,315,764       116.0         113.00       11300       INTEREST EXPENSE       316,904       3,439       1,702       89,960       5,315,764       116.0         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       15,507,127       2,287,395       108,426       5,744,412       268,865,292       118.0         NONREL MBURSABLE COST CENTERS       0       0       215,307       190.0       19000       GI FT, FLOWER, COFFEE SHOP & CANTEEN       11,002       19       0       0       215,307       190.0         192.00       19200       PHYSI CI ANS' PRI VATE OFFICES       105,067       1       0       9,825       194.0         194.00       07950       MOB       0       0       0       0       0       194.0       194.00       0       0       0       194.00       0       30,302       194.0       0       0 <t< td=""><td>92.01</td><td></td><td>291, 769</td><td>183</td><td>1, 084</td><td>1 57, 300</td><td>3, 354, 816</td><td>92.01</td></t<>	92.01		291, 769	183	1, 084	1 57, 300	3, 354, 816	92.01
101.00         10100         HOME HEALTH AGENCY         435,199         10,362         826         43,686         8,858,280         101.0           SPECIAL PURPOSE COST CENTERS         SPECIAL PURPOSE COST CENTERS         113.00         11300         INTEREST EXPENSE         113.00         11600         HOSPI CE         316,904         3,439         1,702         89,960         5,315,764         116.0         116.00           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         15,507,127         2,287,395         108,426         5,744,412         268,865,202         118.0           NONREI MBURSABLE COST CENTERS         I11,002         19         0         0         215,307         190.0         19000         GIFT, FLOWER, COFFEE SHOP & CANTEEN         1105,067         1         0         0         18,498,397         192.0         194.00         0         9,825         194.00         194.00         0         9,825         194.00         194.00         0         0         0         0         194.00         194.00         0         0         0         0         194.00         194.00         0         0         0         0         194.00         194.00         0         0         0         0         194.00         194.00         <	95 00		545 148	1 058	1 124	50 528	1 501 382	05 00
SPECIAL PURPOSE COST CENTERS         113.00         INTEREST EXPENSE         113.00           113.00         11300         INTEREST EXPENSE         316,904         3,439         1,702         89,960         5,315,764         116.0           118.00         SUBTOTALS (SUM OF LINES 1 through 117)         15,507,127         2,287,395         108,426         5,744,412         268,865,292         118.0           NONREI MBURSABLE COST CENTERS         111,002         19         0         0         215,307         190.0           192.00         19200         PHYSI CI ANS' PRI VATE OFFICES         105,067         1         0         0         18,498,397         192.0           194.00         07950         MOB         0         0         0         0         0         194.0         0         0         194.0         194.02         07950         0         0         194.00         0         0         0         0         194.00         0         0         0         0         194.00         0         0         0         0         0         0         194.00         0         0         0         0         0         0         194.00         0         0         0         0         0         0<								
113.00       11300       INTEREST EXPENSE       113.00       11300       INTEREST EXPENSE       113.00         116.00       11600       HOSPI CE       316,904       3,439       1,702       89,960       5,315,764       116.0         118.00       SUBTOTALS (SUM OF LINES 1 through 117)       15,507,127       2,287,395       108,426       5,744,412       268,865,292       118.0         NONREL MBURSABLE COST CENTERS         190.00       19000       GFT, FLOWER, COFFEE SHOP & CANTEEN       11,002       19       0       0       215,307       190.0         192.00       19200       PHYSI CI ANS' PRI VATE OFFI CES       105,067       1       0       0       18,498,397       192.0         194.00       07950       MOB       0       0       0       0       9825       194.0         194.01       07951       LI FELI NE       0       0       0       0       194.0         194.02       07952       PATI ENT TRANSPORT       0       0       0       30,302       194.0         194.02       07954       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       0       4,391,098       194.0         194.02       07954				. 0, 002	520		-,, 200	1
118.00         SUBTOTALS (SUM OF LINES 1 through 117)         15, 507, 127         2, 287, 395         108, 426         5, 744, 412         268, 865, 292         118.00           NONREI MBURSABLE COST CENTERS         NONREI MBURSABLE COST CENTERS         110, 002         19         0         0         215, 307         190.01         190.02         197.00         0         0         215, 307         190.01         190.01         190.02         190.01         18, 498, 397         192.01         190.01         18, 498, 397         192.01         194.00         07950         MOB         0         0         0         90.00         194.02         194.01         07951         LI FELI NE         0         0         0         0         98.25         194.01         194.02         07952         PATI ENT TRANSPORT         0         0         0         0         194.02         194.02         07952         0         0         0         0         194.02         194.02         194.02         07952         PATI ENT TRANSPORT         0         0         0         0         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02         194.02	113.00	11300 INTEREST EXPENSE						113.00
190.00       19000       GIFT, FLOWER, COFFEE SHOP & CANTEEN       11,002       19       0       0       215,307       190.0         192.00       19200       PHYSI CLANS' PRI VATE OFFICES       105,067       1       0       0       18,498,397       192.0         194.00       07950       MOB       0       0       0       0       9,825       194.0         194.01       07951       LI FELI NE       0       0       0       0       194.0         194.02       07952       PATI ENT TRANSPORT       0       0       0       0       194.0         194.02       07954       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       0       4, 391,098       194.0         200.00       Cross Foot Adjustments       0		SUBTOTALS (SUM OF LINES 1 through 117)						
192.00       19200       PHYSI CLANS' PRI VATE OFFICES       105,067       1       0       0       18,498,397       192.0         194.00       07950       MOB       0       0       0       0       9,825       194.0         194.01       07951       LI FELI NE       0       0       0       0       194.0         194.02       07952       PATI ENT TRANSPORT       0       0       0       30,302       194.0         194.03       07954       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       4, 391,098       194.0         200.00       Cross Foot Adj ustments       0       0       0       0       0       0       200.0	190 00		11 002	10	(		215 307	190 00
194.00       07950       MOB       0       0       0       9,825       194.0         194.01       07951       LIFELINE       0       0       0       0       194.0         194.02       07952       PATIENT TRANSPORT       0       0       0       30,302       194.0         194.03       07954       OTHER NONREI MBURSABLE COST CENTERS       0       0       0       4, 391,098       194.0         200.00       Cross Foot Adjustments       0       0       0       0       200.00	192.00	19200 PHYSI CLANS' PRI VATE OFFI CES		1				
194.01       07951       LIFELINE       0       0       0       194.0         194.02       07952       PATIENT TRANSPORT       0       0       0       30,302       194.0         194.03       07954       OTHER NONREIMBURSABLE COST CENTERS       0       0       0       4,391,098       194.0         200.00       Cross Foot Adjustments       0       0       0       0       200.00			0	0	(	0		
194.03         07954         OTHER NONREIMBURSABLE COST CENTERS         0         0         4, 391, 098         194.0           200.00         Cross Foot Adjustments         0         0         0         0         200.00	194.01	07951 LI FELI NE	О	0	(	0 0	0	194.01
200.00 Cross Foot Adjustments 0 200.0			0	0	(	0		
			0	0	(	ן ס		
201.00 Negative Cost Centers 0 0 0 0 0 0 0 0 201.0			_	~	<i>(</i>			200.00

Health Financial Systems	FRANCISCAN HEAL	TH LAFAYETTE		In Lieu of Form CMS-2552-10			
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	F	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Pre 5/30/2019 2:3		
Cost Center Description	MGMT INFO SYSTEMS	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	Subtotal		
	5. 02	5.03	5.04	5. 05	5A. 05		
202.00 TOTAL (sum lines 118 through 201)	15, 623, 196					202.00	

		FRANCI SCAN HEAL				u of Form CMS-	2552-10
COST /	ALLOCATION - GENERAL SERVICE COSTS		Provider C	F	veriod: rom 01/01/2018 o 12/31/2018	Worksheet B Part I Date/Time Pre	pared:
	Cost Center Description	OTHER ADMI NI STRATI VE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5/30/2019 2:3 DI ETARY	9 pm
		AND GENERAL 5.06	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS			1			
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 4.\ 00\\ 5.\ 01\\ 5.\ 02\\ 5.\ 03\\ 5.\ 04\\ 5.\ 05\\ 5.\ 06\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ \end{array}$	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUI P 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNI CATIONS 01140 MGMT I NFO SYSTEMS 00550 PURCHASI NG 00570 ADMI TTI NG 00580 PATIENT ACCOUNTING 00560 OTHER ADMINI STRATIVE AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSI NG ADMINI STRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	30, 242, 343 1, 977, 531 150, 547 576, 325 306, 050 303, 187 535, 365 126, 032 586, 031	19, 094, 415 139, 062 412, 592 656, 957 488, 761 128, 214 328, 064 245, 048	1, 592, 694 36, 834 44, 733 0 0 40, 366	6, 014, 239 277, 178 206, 214 54, 095 138, 414	3, 933, 992 0 0 0 0	1.00 2.00 4.00 5.01 5.02 5.03 5.04 5.05 5.06 7.00 8.00 9.00 10.00 11.00 13.00 14.00
16.00	01600 MEDICAL RECORDS & LIBRARY	229, 052	134, 409	C	56, 708	0	16.00
17.00	01700 SOCIAL SERVICE	122, 465	18, 613			0	17.00
20. 00 23. 00	02000 NURSI NG SCHOOL 02301 PHARMACY RESI DENCY	324, 577 46, 264	935, 644 0			0	20.00 23.00
23.01	02300 EMS EDUCATION	69, 270	113, 988			0	23.01
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	2 252 507	2 120 401	E(2, 24/	1 220 700	2 240 112	20.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	3, 352, 587 696, 821	3, 130, 491 340, 008			3, 240, 112 370, 389	30.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	382, 095	237, 875		100, 362	0	35.00
41.00	04100 SUBPROVIDER - IRF	320, 501	454, 855			323, 491	
43.00	04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	94, 719	0	58, 673	0	0	43.00
50.00	05000 OPERATING ROOM	1, 302, 345	974, 885			0	50.00
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	133, 299 622, 819	80, 556 0			0	51.00 52.00
52.00	05400 RADI OLOGY-DI AGNOSTI C	1, 349, 525	842, 818			0	52.00
55.00	03630 RADI OLOGY-THERAPEUTI C	109, 850	43, 746	C	18, 457	0	55.00
56. 00 56. 01	05600 RADI OI SOTOPE 03950 CARDI AC CATH LAB	66, 656 418, 028	10, 373 257, 555			0	56.00 56.01
57.00	05700 CT SCAN	205, 761	124, 450			0	57.00
58.00	05800 MRI	68, 459	40, 367			0	58.00
60.00 65.00	06000 LABORATORY 06500 RESPI RATORY THERAPY	1, 310, 136 415, 617	519, 318 18, 731			0	60.00 65.00
66.00	06600 PHYSI CAL THERAPY	751, 827	366, 771	22, 129	154, 745	0	66.00
67.00		268, 985	166, 358			0	•
68.00 69.00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY	96, 998 380, 411	88, 647 354, 086			0	68.00 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	171, 389	239, 802		101, 175	0	70.00
71.00		1, 579, 287	0	C	0	0	71.00
72.00 73.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	2, 400, 124 1, 020, 968	0		0	0	72.00
73.01	07301 DI ABETES CENTER	62, 673	0	C	0	0	73.01
74.00	07400 RENAL DI ALYSI S	118, 366	90, 278			0	74.00
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	32, 729	163, 009	C	68, 775	0	76. 98
90.00	09000 CLI NI C	133, 533	0	C	-	0	90.00
91.00	09100 EMERGENCY	1, 473, 155	1,012,081			0	91.00
91.01 92.00	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	330, 851	485, 531	C	204, 851	0	91.01 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	387, 585	236, 808	C	99, 912	0	•
	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	520, 049	236, 541	C	99, 799	0	95.00
	DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES DIGOTAMBULANCE SERVICES	1, 023, 406	236, 541	1			101.00
	11300 INTEREST EXPENSE	144.401	440.001		17 ( 10		113.00
116.00 118.00	D 11600 HOSPI CE D SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	614, 136 27, 568, 386	112, 921 14, 230, 213		47, 643 5, 771, 137	0 <u>3, 933, 992</u>	116. 00 118. 00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24, 875	81, 653	C	34, 450		190.00
	0 19200 PHYSI CLANS' PRI VATE OFFI CES	2, 137, 138	494, 541	C	208, 652		192.00
	D 07950  MOB 1 07951  LI FELI NE	1, 135	0		0		194.00 194.01
	207952 PATIENT TRANSPORT	3, 501	0		0		194.01
194.03	3 07954 OTHER NONREI MBURSABLE COST CENTERS	507, 308	4, 288, 008	C	0		194. 03
200.00	D Cross Foot Adjustments	<u>                                     </u>					200.00

Health Fina	ancial Systems	FRANCI SCAN HEAI	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOC	ATION - GENERAL SERVICE COSTS		Provider C		Period:	Worksheet B	
					From 01/01/2018		nored
			_		To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		ADMI NI STRATI VE	PLANT	LINEN SERVICE			
		AND GENERAL					
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	C	(	0 0	C	201.00
202.00	TOTAL (sum lines 118 through 201)	30, 242, 343	19, 094, 415	1, 592, 694	6, 014, 239	3, 933, 992	202.00

	Financial Systems F NLLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEA	LTH LAFAYETTE Provider CC	:N· 15-0109 Pe	In Lieu eriod:	u of Form CMS-2 Worksheet B	2552-10
0031 7	LEUCATION - GENERAL SERVICE COSTS		FIOVIDEI CC		om 01/01/2018	Part I Date/Time Pre	nared
	Cast Canton Decerintion					5/30/2019 2:3	9 pm
	Cost Center Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
		11.00	13.00	SUPPLY 14.00	15.00	LI BRARY 16.00	
	GENERAL SERVICE COST CENTERS	11.00		11.00	10.00	10.00	
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5.01
5.02 5.03	01140 MGMT INFO SYSTEMS 00550 PURCHASING						5.02 5.03
5.04	00570 ADMI TTI NG						5.04
5.05 5.06	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05 5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00
9.00 10.00	01000 DI ETARY						9.00 10.00
11.00	01100 CAFETERI A	3, 622, 456					11.00
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	108, 384 29, 282		1, 753, 051			13.00
15.00	01500 PHARMACY	112, 556		61	6, 119, 583		15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	1, 167	0	0	0	2, 403, 940	•
17.00 20.00	01700 SOCI AL SERVI CE 02000 NURSI NG SCHOOL	36, 463 90, 681	0	0 367	0	0	17.00
23.00	02301 PHARMACY RESIDENCY	11, 271	0	0	0	0	23.00
23.01	02300 EMS EDUCATION	15, 962	0	0	0	0	23.01
30.00	03000 ADULTS & PEDIATRICS	743, 842	1, 435, 929	2, 218	0	117, 526	30.00
31.00	03100 I NTENSI VE CARE UNI T	180, 676		368	0	31, 413	•
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	86, 232 62, 711		823 56	0 0	30, 671 11, 666	•
43.00	04300 NURSERY	23, 939		0	0	7, 171	•
50.00	ANCI LLARY SERVI CE COST CENTERS 05000 OPERATI NG ROOM	188, 299	363, 495	52, 375	0	314, 841	50.00
51.00	05100 RECOVERY ROOM	25, 241	48, 726	52, 575	0	26, 399	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	156, 044		0	0	43, 116	•
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 03630 RADI OLOGY-THERAPEUTI C	182, 551 15, 137		66, 258 0	0	162, 715 22, 167	54.00 55.00
56.00	05600 RADI OI SOTOPE	12, 441	24, 017	18	0	0	56.00
56.01 57.00	03950 CARDI AC CATH LAB 05700 CT SCAN	51, 210 31, 552		56, 696 632	0 0	84, 304 137, 769	
58.00	05800 MRI	8, 249	1	18	0	27, 096	•
60.00	06000 LABORATORY	0	-	36, 681	0	254, 888	1
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	103, 081 205, 957	198, 989 397, 582	5, 755 0	0 0	28, 220 35, 715	
	06700 OCCUPATI ONAL THERAPY	58, 625		0	0	21, 715	
68.00 69.00	06800 SPEECH PATHOLOGY	21, 269		0	0	6, 017	
89.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	71, 622 30, 757		33 0	0	57, 679 11, 362	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	594, 643	0	227, 354	71.00
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0	0	920, 225 21	0 6, 119, 583	196, 037 257, 914	
73.01	07301 DI ABETES CENTER	15, 646	30, 204	0	0, 117, 505	57	•
74.00	07400 RENAL DI ALYSI S	6, 958		0	0	5, 918	
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	29	0	0	0	865	76.98
90.00	09000 CLI NI C	32,070		2	0	1, 492	
91.00 91.01	09100 EMERGENCY 04950 WOUND CARE	342, 668 63, 644		4, 217 8	0	164, 792 12, 213	1
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	03, 044	122,037	0	0	12, 213	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	84, 915	0	140	0	23, 986	92.01
95.00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	158, 657	306, 273	813	0	24, 918	95.00
	10100 HOME HEALTH AGENCY	126, 658		7, 963	0		101.00
112 00	SPECIAL PURPOSE COST CENTERS						113.00
	11600 HOSPI CE	92, 230	178, 042	2, 643	0	37, 657	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	3, 588, 676		1, 753, 035	6, 119, 583	2, 403, 940	
190 00	NONREIMBURSABLE COST CENTERS	3, 202	0	15	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	30, 578		1	0	0	192.00
	07950 MOB 07951 LI FELI NE	0	0	0	0		194.00 194.01
	07951 LIFELINE 07952 PATIENT TRANSPORT	0	0	0	0		194.01
194.03	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

Health Financial Sy	stems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - C	GENERAL SERVICE COSTS		Provider CO		Period:	Worksheet B	
					From 01/01/2018 To 12/31/2018		narod
					10 12/31/2018	5/30/2019 2:3	
Cost Ce	enter Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVICES &		RECORDS &	
				SUPPLY		LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00 Negativ	ve Cost Centers	0	0	(	0 0	0	201.00
202.00 TOTAL	(sum lines 118 through 201)	3, 622, 456	5, 460, 006	1, 753, 051	1 6, 119, 583	2, 403, 940	202.00

	Financial Systems LLOCATION - GENERAL SERVICE COSTS	FRANCI SCAN HEAL	Provider CCI		Period: From 01/01/2018	u of Form CMS-: Worksheet B Part I	2002-10
					To 12/31/2018	Date/Time Pre	
	Cost Center Description	SOCI AL SERVI CE	NURSING SCHOOL	PHARMACY	EMS EDUCATION	<u>5/30/2019</u> 2:3 Subtotal	
		17.00	20.00	RESI DENCY 23.00	23.01	24.00	
	GENERAL SERVICE COST CENTERS	,	1				
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
2.00 4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5. 01
5.02	01140 MGMT INFO SYSTEMS						5.02
5.03 5.04	00550 PURCHASI NG 00570 ADMI TTI NG						5.03 5.04
5.04 5.05	00580 PATIENT ACCOUNTING						5.04
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY						10.00
11.00	01100 CAFETERI A						11.00
13.00	01300 NURSI NG ADMI NI STRATI ON						13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY						14.00 15.00
	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE	1, 245, 410					17.00
20.00	02000 NURSI NG SCHOOL	0	4, 555, 465	457.00			20.00
23. 00 23. 01	02301 PHARMACY RESIDENCY 02300 EMS EDUCATION	0		457, 98	846, 890		23.00
23.01	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>			040, 070		23.01
30.00	03000 ADULTS & PEDIATRICS	879, 538	4, 555, 465		0 0	48, 359, 353	30.00
31.00	03100 I NTENSI VE CARE UNI T	122, 285	0		0 0	8, 351, 305	
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	71, 943 77, 686	0		0 0	4, 419, 463 4, 368, 328	1
43.00	04300 NURSERY	93, 958	0		0 0	1, 144, 533	
	ANCI LLARY SERVI CE COST CENTERS	· · · · ·					
50.00	05000 OPERATING ROOM	0	0		0 0	15, 159, 574	
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	1, 553, 370 6, 576, 869	
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	14, 738, 536	
55.00	03630 RADI OLOGY-THERAPEUTI C	0	0		0 0	1, 160, 181	55.00
56.00	05600 RADI OI SOTOPE	0	0		0 0	694, 836	1
56. 01 57. 00	03950 CARDIAC CATH LAB 05700 CT SCAN	0	0			4, 700, 108 2, 333, 672	
58.00	05800 MRI	0	0		0 0	753, 782	1
60.00	06000 LABORATORY	0	О		0 0	13, 690, 407	
65.00		0	0		0 0	4, 387, 634	1
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0	0			8, 442, 306 3, 027, 289	
	06800 SPEECH PATHOLOGY	0	0		0 0	1, 130, 973	
	06900 ELECTROCARDI OLOGY	0	О		0 0	4, 453, 217	1
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	2,097,350	
	07200 I MPL. DEV. CHARGED TO PATIENT	0	0			16, 071, 092 24, 291, 108	
	07300 DRUGS CHARGED TO PATIENTS	0	Ö	457, 98	5 0	16, 693, 653	1
73.01	07301 DI ABETES CENTER	0	0		0 0	651, 056	
	07400 RENAL DIALYSIS 07698 HYPERBARIC OXYGEN THERAPY	0	0			1, 297, 583 548, 698	
70.90	OUTPATIENT SERVICE COST CENTERS	<u> </u>	<u> </u>		<u>v</u> v	546, 096	76. 98
90.00	09000 CLI NI C	0	0		0 0	1, 322, 919	90.00
91.00	09100 EMERGENCY	0	0		0 846, 890	17, 830, 613	
91. 01 92. 00	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	4, 083, 701	91.01 92.00
	09201 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	4, 188, 162	1
	OTHER REIMBURSABLE COST CENTERS	-	-			.,	
	09500 AMBULANCE SERVICES	0	0		0 0	5, 848, 432	
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0		0 0	10, 279, 096	101.00
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPI CE	0	о		0 0	6, 401, 036	
118.00		1, 245, 410	4, 555, 465	457, 98	846, 890	261, 050, 235	118.00
100 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					359, 502	100 00
	19000 GFFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	0		0 0	21, 369, 307	
	07950 MOB	0	0		0 0		194.00
	07951 LI FELI NE	0	О		0 0		194.01
	07952 PATIENT TRANSPORT	0	0		0 0	33, 803 9, 186, 414	194.02
	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0		U U	7, 100, 414	1174.03
200.00	Cross Foot Adjustments		0		0 0		200.00

Health Financial Systems FRANCISCAN HEALTH LAFAYETTE In Lieu						2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CO		Period: From 01/01/2018	Worksheet B	
					Date/Time Pre 5/30/2019 2:3	
Cost Center Description	SOCI AL SERVI CE	NURSING SCHOOL	PHARMACY	EMS EDUCATION	Subtotal	
			RESI DENCY			
	17.00	20.00	23.00	23.01	24.00	
202.00 TOTAL (sum lines 118 through 201)	1, 245, 410	4, 555, 465	457, 98	5 846, 890	292, 010, 221	202.00

ST ALLOCA	ncial Systems ATLON - GENERAL SERVICE COSTS	FRANCI SCAN HEALT	Provi der CCI	N: 15-0109	Period: From 01/01/2018	u of Form CMS- Worksheet B Part I Date/Time Pre	epared
	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total			5/30/2019 2:3	<u>39 pm</u>
		25.00	26.00				
	RAL SERVICE COST CENTERS						
	O CAP REL COSTS-BLDG & FIXT						1.0
	O CAP REL COSTS-MVBLE EQUIP						2.0
	O EMPLOYEE BENEFITS DEPARTMENT						4.0
	O COMMUNICATIONS O MGMT INFO SYSTEMS						5.0
	0 PURCHASI NG						5.0
	O ADMI TTI NG						5.0
05 0058	O PATIENT ACCOUNTING						5.0
06 0056	O OTHER ADMINISTRATIVE AND GENERAL						5.0
	O OPERATION OF PLANT						7.0
	OLAUNDRY & LINEN SERVICE						8.0
	O HOUSEKEEPI NG O DI ETARY						9.0
	O CAFETERI A						11. (
	O NURSI NG ADMI NI STRATI ON						13. (
	O CENTRAL SERVICES & SUPPLY						14. (
	0 PHARMACY						15. (
. 00 0160	O MEDICAL RECORDS & LIBRARY						16. (
	O SOCIAL SERVICE						17. (
	O NURSI NG SCHOOL						20.0
	1 PHARMACY RESIDENCY						23.0
	O EMS_EDUCATION TIENT_ROUTINE_SERVICE_COST_CENTERS						23. (
	0 ADULTS & PEDIATRICS	0	48, 359, 353				30. (
	O INTENSIVE CARE UNIT	0	8, 351, 305				31. (
. 00 0206	O NEONATAL INTENSIVE CARE UNIT	0	4, 419, 463				35.
. 00 0410	0 SUBPROVI DER – I RF	0	4, 368, 328				41.0
	0 NURSERY	0	1, 144, 533				43. (
	LLARY SERVICE COST CENTERS		45 450 574				1 50
	O OPERATING ROOM O RECOVERY ROOM	0	15, 159, 574 1, 553, 370				50.0
	O DELIVERY ROOM & LABOR ROOM	0	6, 576, 869				52. (
	0 RADI OLOGY-DI AGNOSTI C	0	14, 738, 536				54. (
	0 RADI OLOGY-THERAPEUTI C	0	1, 160, 181				55.0
. 00 0560	0 RADI OI SOTOPE	0	694, 836				56.
	O CARDIAC CATH LAB	0	4, 700, 108				56.
	O CT SCAN	0	2, 333, 672				57.0
.00 0580	O LABORATORY	0	753, 782 13, 690, 407				58.
	0 RESPIRATORY THERAPY	0	4, 387, 634				60. 65.
	0 PHYSI CAL THERAPY	0	8, 442, 306				66.
	0 OCCUPATIONAL THERAPY	0	3, 027, 289				67.
. 00 0680	O SPEECH PATHOLOGY	0	1, 130, 973				68.
	0 ELECTROCARDI OLOGY	0	4, 453, 217				69.
	O ELECTROENCEPHALOGRAPHY	0	2,097,350				70.
	O MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,071,092				71.
	0 I MPL. DEV. CHARGED TO PATIENTS 0 DRUGS CHARGED TO PATIENTS	0	24, 291, 108 16, 693, 653				72.
	1 DIABETES CENTER	0	651, 056				73.
	O RENAL DI ALYSI S	0	1, 297, 583				74.
	8 HYPERBARI C OXYGEN THERAPY	0	548, 698				76.
	ATIENT SERVICE COST CENTERS						
	O CLINIC	0	1, 322, 919				90.
		0	17, 830, 613				91.
	O WOUND CARE	0	4, 083, 701				91. 92.
	0 OBSERVATION BEDS (NON-DISTINCT PART 1 OBSERVATION BEDS (DISTINCT PART)	0	4, 188, 162				92.
	R REIMBURSABLE COST CENTERS		1, 100, 102				12.
	O AMBULANCE SERVICES	0	5, 848, 432				95.
	O HOME HEALTH AGENCY	0	10, 279, 096				101.
	I AL PURPOSE COST CENTERS						
	0 INTEREST EXPENSE						113.
	O HOSPI CE	0	6, 401, 036				116.
8.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	261, 050, 235				118.
	EIMBURSABLE COST CENTERS		250 502				100
	0 GIFT, FLOWER, COFFEE SHOP & CANTEEN 0 PHYSICIANS' PRIVATE OFFICES	0	359, 502 21, 369, 307				190. 192.
4.000795		0	21, 369, 307				192.
	1 LI FELI NE	0	10, 900				194.
			5				11111

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC	CN: 15-0109	Peri od:	Worksheet B	
				From 01/01/2018 To 12/31/2018	Part I Date/Time Pre	narod
				10 12/31/2010	5/30/2019 2: 3	9 pm
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments					
	25.00	26.00				
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	9, 186, 414				194.03
200.00 Cross Foot Adjustments	0	0				200.00
201.00 Negative Cost Centers	0	0				201.00
202.00 TOTAL (sum lines 118 through 201)	0	292, 010, 221				202.00

	Financial Systems TON OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	Provi der CC		Period: From 01/01/2018 To 12/31/2018	u of Form CMS-2 Worksheet B Part II Date/Time Pre	parec
			CAPI TAL REL	ATED COSTS		5/30/2019 2:3	9 pm
	Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS	1					1.
00 00 01 02 03 04 05 06 00 00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 01160 COMMUNICATIONS 01140 MGMT INFO SYSTEMS 00550 PURCHASING 00570 ADMITTING 00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE		254, 278 35, 874 482, 605 594, 903 79, 488 135, 455 1, 966, 751 3, 589, 326 142, 405	77, 20 10, 89 146, 52 180, 61 24, 13 41, 12 597, 11 1, 089, 74 43, 23	2 46, 766 2 629, 127 6 775, 519 3 103, 621 5 176, 580 7 2, 563, 868 2 4, 679, 068 5 185, 640	331, 478 1, 504 13 0 0 65, 287 9, 498 391	2. 4. 5. 5. 5. 5. 5. 7. 8.
0.00     0       1.00     0       3.00     0       4.00     0       5.00     0       6.00     0       7.00     0       0.00     0       3.00     0       3.00     0	00900 HOUSEKEEPING 01000 DI ETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02000 NURSING SCHOOL 02301 PHARMACY RESIDENCY 02300 EMS EDUCATION		422, 511 672, 752 500, 512 131, 297 335, 951 250, 939 137, 640 19, 060 958, 139 0 116, 729	128, 27 204, 25 151, 95 39, 86 101, 99 76, 18 41, 78 5, 78 290, 89 35, 43	1         877,003           8         652,470           2         171,159           7         437,948           7         327,126           8         179,428           7         24,847           7         1,249,036           0         0	6, 181 2, 661 4, 207 9, 618 1, 087 8, 243 56 1, 935 6, 292 700 814	10. 11. 13. 14. 15. 16. 17. 20. 23.
0.00 1.00 5.00 1.00 3.00	INPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS 03100 INTENSI VE CARE UNI T 02060 NEONATAL INTENSI VE CARE UNI T 04100 SUBPROVI DER - I RF 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0 0 0 0	3, 205, 755 348, 182 243, 594 465, 791 0	973, 28 105, 71 73, 95 141, 41	0 453, 892 7 317, 551	44, 049 10, 065 5, 330 3, 955 1, 552	31. 35. 41.
D. 00     0       I. 00     0       2. 00     0       4. 00     0       5. 00     0       5. 01     0       6. 01     0       7. 00     0       6. 00     0       6. 00     0       7. 00     0       6. 00     0       7. 00     0       7. 00     0       7. 00     0       7. 00     0       7. 00     0       7. 00     0       7. 00     0       9. 00     0       1. 00     0       2. 00     0       3. 01     0       5. 98     0	ANCI LLARY SERVICE COST CENTERS D5000 OPERATING ROOM D5100 RECOVERY ROOM D5200 DELIVERY ROOM & LABOR ROOM D5200 DELIVERY ROOM & LABOR ROOM D5400 RADIOLOGY-THERAPEUTIC D5600 RADIOLOGY-THERAPEUTIC D5600 RADIOLSOTOPE D3950 CARDIAC CATH LAB D5700 CT SCAN D5800 MRI D6600 PHYSICAL THERAPY D6600 CESPIRATORY THERAPY D6600 PHYSICAL THERAPY D6600 SPEECH PATHOLOGY D6700 CCUPATIONAL THERAPY D6600 SPEECH PATHOLOGY D6700 ELECTROCARDIOLOGY D7100 MEDICAL SUPPLIES CHARGED TO PATIENT D7200 IMPL. DEV. CHARGED TO PATIENTS D7301 DIABETES CENTER D7400 RENAL DIALYSIS D7698 HYPERBARIC OXYGEN THERAPY D07000 CLINIC		998, 323 82, 493 0 863, 081 44, 798 10, 623 263, 747 127, 442 41, 338 531, 804 19, 182 375, 589 170, 358 90, 779 362, 599 245, 567 0 0 0 92, 448 166, 928	262, 03 13, 60 3, 22 80, 07 38, 69 12, 55 161, 45 5, 82 114, 03 51, 72 27, 56 110, 08 74, 55 28, 06	5         107, 538           0         0           6         1, 125, 117           1         58, 399           5         343, 822           2         166, 134           0         53, 888           9         693, 263           4         25, 006           1         489, 620           2         222, 080           1         118, 340           7         472, 686           6         320, 123           0         0           0         0           0         0           0         0           0         0           0         0           0         0           0         0	11, 572 1, 907 10, 117 10, 147 1, 042 1, 005 3, 776 2, 111 688 0 6, 304 11, 191 4, 053 1, 367 4, 737 2, 028 0 0 0 1, 018 441 1 1, 288	51. 52. 54. 55. 56. 57. 58. 60. 65. 66. 67. 68. 69. 70. 71. 72. 73. 73. 74. 76.
I. 00 I. 01 2. 00 2. 01	09000 CLINIC 09100 EMERGENCY 04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART) DTHER REIMBURSABLE COST CENTERS	000000000000000000000000000000000000000	0 1, 036, 413 497, 204 242, 502	314, 66 150, 95 73, 62	4 648, 158 0	1, 288 20, 249 4, 250 5, 348	91. 91. 92.
5.00 01.00	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS 11300 INTEREST EXPENSE	00	242, 228 0	73, 54	2 315, 770 0 0	6, 365 9, 722	
6.00 8.00	11600 HOSPI CE SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	000	115, 636 21, 711, 019	6, 591, 59	4 28, 302, 613	5, 518 309, 683	116 118
92.00 94.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES 07950 MOB 07951 LIFELINE	0 0 0	83, 616 506, 431 0 0	153, 75		21, 657 0	190. 192. 194. 194.

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2018 To 12/31/2018		
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP	Subtotal	EMPLOYEE BENEFI TS DEPARTMENT	
	0	1.00	2.00	2A	4.00	
194. 02 07952  PATI ENT TRANSPORT	0	0		0 0	C	194.02
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	4, 391, 098		0 4, 391, 098	C	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0		0 0	C	201.00
202.00 TOTAL (sum lines 118 through 201)	0	26, 692, 164	6, 770, 73	33, 462, 899	331, 478	202.00

	Financial Systems	FRANCI SCAN HEALT			In Lie	u of Form CMS-:	2552-10
ALLOC	ATION OF CAPITAL RELATED COSTS		Provider CC	F	eriod: rom 01/01/2018	Worksheet B Part II	
				T	b 12/31/2018	Date/Time Pre 5/30/2019 2:3	pared: 9 pm
	Cost Center Description	COMMUNI CATI ONS	MGMT INFO SYSTEMS	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	
		5.01	5. 02	5.03	5.04	5. 05	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-BEDG & TTXT						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS	48, 270					5.01
5.02	01140 MGMT INFO SYSTEMS	1, 575	630, 715	77/ 470			5.02
5.03 5.04	00550 PURCHASI NG 00570 ADMI TTI NG	959 0	0	776, 478 0	103, 621		5.03 5.04
5.05	00580 PATIENT ACCOUNTING	959	0	0	00,021	177, 539	•
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	4, 998	40, 882	0	0	0	5.06
7.00	00700 OPERATION OF PLANT	3, 766	26, 654	262	0	0	7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	68 616	1, 796 28, 578	54 902	0	0	8.00 9.00
10.00	01000 DI ETARY	2,054	11, 747	873	0	0	10.00
11.00	01100 CAFETERI A	0	18, 573	0	0	0	11.00
13.00	01300 NURSI NG ADMI NI STRATI ON	616	15, 034	0	0	0	13.00
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	274 1, 575	4, 062 15, 613	52 27	0	0	14.00 15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	1, 164	162	0	0	0	16.00
17.00	01700 SOCI AL SERVI CE	616	5, 058	0	0	0	17.00
20.00	02000 NURSI NG SCHOOL	0	12, 579	162	0	0	20.00
23. 00 23. 01	02301 PHARMACY RESIDENCY 02300 EMS EDUCATION	0	1, 563 2, 214	0	0	0	23.00 23.01
23.01	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	2,214	0		0	23.01
30.00	03000 ADULTS & PEDIATRICS	7, 873	103, 180	980	5, 058	8, 661	30.00
31.00	03100 INTENSIVE CARE UNIT	1, 506	25, 062	162	1, 352	2, 315	
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	1, 164 1, 643	11, 962 8, 699	363 25	1, 320 502	2, 260 860	1
43.00	04300 NURSERY	0,043	3, 321	0	302	528	•
	ANCI LLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,643	26, 120	23, 135	13, 719	23, 583	•
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	548 1, 780	3, 501 21, 646	0	1, 136 1, 855	1, 946 3, 177	•
54.00	05400 RADI OLOGY-DI AGNOSTI C	4, 108	25, 322	29, 267	7,002	11, 991	•
55.00	03630 RADI OLOGY-THERAPEUTI C	0	2, 100	0	954	1, 634	55.00
56.00	05600 RADI OI SOTOPE	0	1, 726	8	0	0	56.00
56. 01 57. 00	03950 CARDIAC CATH LAB 05700 CT SCAN	0	7, 104 4, 377	25, 044 279	3, 628 5, 929	6, 213 10, 153	1
58.00	05800 MRI	0	4, 377	2/9	1, 166	1, 997	58.00
60.00	06000 LABORATORY	3, 013	0	16, 203	10, 969	18, 784	60.00
65.00	06500 RESPI RATORY THERAPY	2, 328	14, 299	2, 542	1, 214	2, 080	
66.00	06600 PHYSI CAL THERAPY	411	28, 569 8, 132	0	1, 537	2,632	•
67.00 68.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	8, 132 2, 950	0	934 259	1, 600 443	•
69.00	06900 ELECTROCARDI OLOGY	411	9, 935	15	2, 482	4, 251	•
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4, 266	0	489	837	70.00
71.00	07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	0	262, 664	9, 784	16, 755	•
72.00 73.00	07200 I MPL. DEV. CHARGED TO PATI ENTS 07300 DRUGS CHARGED TO PATI ENTS	0	0	406, 462	8, 436 11, 099	14, 447 19, 007	72.00
73.01	07301 DI ABETES CENTER	411	2, 170	0	2	4	73.01
74.00	07400 RENAL DIALYSIS	0	965	0	255	436	
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0	4	0	37	64	76.98
90.00	09000 CLINIC	2, 191	4, 449	1	64	110	90.00
91.00	09100 EMERGENCY	0	47, 533	1, 863	7, 092	12, 144	91.00
91.01	04950 WOUND CARE	0	8, 828	4	526	900	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		11 770	(2)	1 000	1 7/0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURSABLE COST CENTERS	0	11, 779	62	1, 032	1, 768	92.01
95.00		0	22, 008	359	1, 072	1, 836	95.00
101.00	10100 HOME HEALTH AGENCY	0	17, 569	3, 518	787		101.00
	SPECIAL PURPOSE COST CENTERS	1 1					
	) 11300   INTEREST EXPENSE ) 11600 HOSPI CE		12, 794	1, 167	1, 621	ס דד כ	113.00 116.00
118.00		48, 270	626, 029	776, 472	103, 621	177, 539	
5. 5	NONREI MBURSABLE COST CENTERS						
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	444	6	0		190.00
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	4, 242	0	0		192.00
	0/07950 MOB 1/07951 LI FELI NE		0	0			194.00 194.01
	207952 PATIENT TRANSPORT	0	0	0	0	0	194. 02
	07954 OTHER NONREI MBURSABLE COST CENTERS	0	0	0	О	0	194.03
200.00			~	~		~	200.00
201.00	Negative Cost Centers	0	0	0	0	0	<u> ∠01.00</u>

Health Fina	ancial Systems	FRANCI SCAN HEAL	_TH LAFAYETTE		In Lieu of Form CMS-2552-10			
ALLOCATI ON	OF CAPITAL RELATED COSTS		Provider CO		Period: From 01/01/2018	Worksheet B		
						Date/Time Pre 5/30/2019 2:3		
	Cost Center Description	COMMUNI CATI ONS	MGMT INFO SYSTEMS	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG		
		5.01	5.02	5.03	5.04	5.05		
202.00	TOTAL (sum lines 118 through 201)	48, 270					202.00	

	Financial Systems TION OF CAPITAL RELATED COSTS	FRANCI SCAN HEAL	TH LAFAYETTE	CN: 15-0100 P	In Lie eriod:	u of Form CMS- Worksheet B	2552-10
ALLOUP	TION OF CAPITAL RELATED COSTS		Provider Co	F	rom 01/01/2018 o 12/31/2018	Part II Date/Time Pre	pared:
	Cost Center Description	OTHER ADMI NI STRATI VE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	5/30/2019 2: 3 DI ETARY	9 pm
		AND GENERAL 5.06	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS	3.00	7.00	0.00	7.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 4.00	00200 CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT						2.00 4.00
5.01	01160 COMMUNI CATI ONS						5. 01
5.02	01140 MGMT INFO SYSTEMS						5.02
5.03	00550 PURCHASI NG						5.03
5.04 5.05	00570 ADMITTING 00580 PATIENT ACCOUNTING						5.04 5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	2, 675, 035					5.06
7.00	00700 OPERATION OF PLANT	174, 917	4, 894, 165				7.00
8.00 9.00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING	13, 316 50, 977	35, 643 105, 753				8.00 9.00
9.00 10.00	01000 DI ETARY	27,071	168, 387			1, 130, 982	1
11.00	01100 CAFETERI A	26, 818	125, 276			0	1
13.00	01300 NURSING ADMINISTRATION	47, 354	32, 863		-,	0	
14.00 15.00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY	11, 148 51, 836	84, 087 62, 809			0	
16.00	01600 MEDICAL RECORDS & LIBRARY	20, 260	34, 451			0	1
17.00	01700 SOCIAL SERVICE	10, 832	4, 771	0	978	0	
20.00	02000 NURSI NG SCHOOL	28, 710	239, 819			0	
23. 00 23. 01	02301 PHARMACY RESIDENCY 02300 EMS EDUCATION	4, 092 6, 127	0 29, 217			0	1
23.01	INPATIENT ROUTINE SERVICE COST CENTERS	0,127	27,217	0	5,772	0	20.01
30.00	03000 ADULTS & PEDIATRICS	296, 569	802, 389				
31.00	03100 INTENSIVE CARE UNIT	61, 636	87, 149			106, 483	
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	33, 797 28, 349	60, 971 116, 586			0 93, 000	
43.00	04300 NURSERY	8, 378	0			0	
	ANCI LLARY SERVICE COST CENTERS	1				-	
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	115, 196 11, 791	249, 877 20, 648			0	
51.00	05200 DELIVERY ROOM & LABOR ROOM	55, 090	20, 048			0	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	119, 369	216, 026			0	
55.00	03630 RADI OLOGY-THERAPEUTI C	9, 716	11, 213			0	
56. 00 56. 01	05600 RADI OI SOTOPE 03950 CARDI AC CATH LAB	5, 896 36, 976	2, 659 66, 015			0	56.00 56.01
57.00	05700 CT SCAN	18, 200	31, 898			0	
58.00	05800 MRI	6, 055	10, 347			0	1
60.00		115, 885	133, 109			0	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	36, 762 66, 501	4, 801 94, 009			0	
	06700 OCCUPATI ONAL THERAPY	23, 792	42, 640		8, 744	0	
68.00	06800 SPEECH PATHOLOGY	8, 580	22, 722		4, 660	0	
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	33, 648 15, 160	90, 757 61, 465		18, 612 12, 605	0	
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	139, 692	01, 403		12,005	0	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	212, 297	0	0	0	0	
73.00	07300 DRUGS CHARGED TO PATIENTS	90, 307	0	0	0	0	
73.01 74.00	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	5, 544 10, 470	0 23, 139		0 4, 745	0	1
76.98	07698 HYPERBARI C OXYGEN THERAPY	2, 895	41, 782			0	1
	OUTPATIENT SERVICE COST CENTERS	 					
90.00	09000 CLINIC 09100 EMERGENCY	11,811	250 410	-	-	0	1
91.00 91.01	09100 EMERGENCY 04950 WOUND CARE	130, 304 29, 265	259, 410 124, 448			0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	27,200	121, 140	ĺ	20, 021	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	34, 283	60, 697	0	12, 447	0	92.01
05 00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	46,000	60, 629	0	12, 433	0	95.00
	10100 HOME HEALTH AGENCY	90, 523	00, 029				101.00
	SPECIAL PURPOSE COST CENTERS	· · ·		1	1		
	11300 INTEREST EXPENSE	E4 000	20.012	_	F 00-	-	113.00
116.00	) 11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	54, 322 2, 438, 517	28, 943 3, 647, 405			0 1, 130, 982	116.00
110.00	NONREI MBURSABLE COST CENTERS	2,430,317	3, 047, 403		, 10, 707	1, 130, 702	]
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 200	20, 929				190. 00
	19200 PHYSICIANS' PRIVATE OFFICES 07950 MOB	189, 035 100	126, 758	0	25, 995		192.00 194.00
	07950 MOB	0	0	0	0		194.00
194.02	07952 PATI ENT TRANSPORT	310	0	0	o o	0	194.02
	07954 OTHER NONREI MBURSABLE COST CENTERS	44, 873	1, 099, 073	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

Heal th Fin	ancial Systems	FRANCI SCAN HEAI	LTH LAFAYETTE		In Lie	u of Form CMS-	2552-10
ALLOCATI ON	I OF CAPITAL RELATED COSTS		Provi der C		Period: From 01/01/2018	Worksheet B	
						Date/Time Pre 5/30/2019 2:3	
	Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		ADMI NI STRATI VE	PLANT	LINEN SERVICE	E		
		AND GENERAL					
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	C	)	0 0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2, 675, 035	4, 894, 165	236, 90	8 749, 274	1, 130, 982	202.00

Health Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lieu	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL REL	ATED COSTS		Provider CC	F	eriod: rom 01/01/2018	Worksheet B Part II	
				Т	0 12/31/2018	Date/Time Pre 5/30/2019 2:3	
Cost Center E	Description	CAFETERI A	NURSI NG ADMI NI STRATI ON	CENTRAL SERVICES &	PHARMACY	MEDI CAL RECORDS &	
				SUPPLY		LI BRARY	
GENERAL SERVICE COS	ST_CENTERS	11.00	13.00	14.00	15.00	16.00	
1.00 00100 CAP REL COSTS	S-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS 4.00 00400 EMPLOYEE BENE							2.00 4.00
5. 01 01160 COMMUNI CATI ON	IS						5.01
5. 02 01140 MGMT I NF0 SYS 5. 03 00550 PURCHASI NG	STEMS						5.02 5.03
5. 04 00570 ADMI TTI NG							5.03
5. 05 00580 PATIENT ACCOL							5.05
5. 06 00560 OTHER ADMINIS 7. 00 00700 OPERATION OF	STRATIVE AND GENERAL						5.06 7.00
8.00 00800 LAUNDRY & LIN							8.00
9.00 00900 HOUSEKEEPI NG 10.00 01000 DI ETARY							9.00 10.00
11. 00 01100 CAFETERIA		853, 035					11.00
13.00 01300 NURSING ADMIN		25, 523	308, 906	F(0,001			13.00
14.00 01400 CENTRAL SERVI 15.00 01500 PHARMACY	CES & SUPPLY	6, 895 26, 505	0	568, 801 20	506, 634		14.00 15.00
16.00 01600 MEDICAL RECOR		275	0	0	0	242, 861	16.00
17.00 01700 SOCIAL SERVIC 20.00 02000 NURSING SCHOO		8, 587 21, 354	0	0 119	0	0	17.00 20.00
23. 00 02301 PHARMACY RESI		21, 354 2, 654	0	0	0	0	23.00
23.01 02300 EMS EDUCATION		3, 759	0	0	0	0	23.01
30.00 03000 ADULTS & PEDI	SERVICE COST CENTERS	175, 165	81, 238	720	0	11, 885	30.00
31.00 03100 I NTENSI VE CAF	RE UNIT	42, 547	19, 733	119	0	3, 177	31.00
35.00 02060 NEONATAL INTE 41.00 04100 SUBPROVIDER -		20, 306 14, 767	9, 418 6, 849	267 18	0	3, 102 1, 180	
43. 00 04300 NURSERY		5, 637	2, 614	0	0	725	•
ANCI LLARY SERVICE		44.242	20 5/5	14 004	0	21 501	50.00
50.00 05000 OPERATING ROC 51.00 05100 RECOVERY ROOM		44, 342 5, 944	20, 565 2, 757	16, 994 0	0	31, 591 2, 670	•
52.00 05200 DELIVERY ROOM	1 & LABOR ROOM	36, 746	17, 042	0	0	4, 360	52.00
54.00 05400 RADI OLOGY-DI A 55.00 03630 RADI OLOGY-THE		42, 988 3, 564	0	21, 498 0	0	16, 455 2, 242	
56. 00 05600 RADI 0I SOTOPE		2, 930	1, 359	6	0	2, 242	56.00
56. 01 03950 CARDI AC CATH	LAB	12,059	5, 593	18, 396	0	8, 526	•
57.00 05700 CT SCAN 58.00 05800 MRI		7, 430 1, 943	0	205 6	0	13, 933 2, 740	
60.00 06000 LABORATORY		0	0	11, 902	0	25, 777	
65. 00 06500 RESPI RATORY 1 66. 00 06600 PHYSI CAL THEF		24, 274 48, 500	11, 258 22, 494	1, 867 0	0	2, 854 3, 612	1
67. 00 06700 OCCUPATI ONAL		13, 805	6, 403	0	0	2, 196	1
68.00 06800 SPEECH PATHOL		5,009	2, 323	0	0	608	
69.00 06900 ELECTROCARDIO 70.00 07000 ELECTROENCEPH		16, 866 7, 243	7, 822 3, 359	11 0	0	5, 833 1, 149	
71.00 07100 MEDICAL SUPPL	IES CHARGED TO PATIENT	0	0	192, 940	0	22, 992	71.00
72.00 07200 I MPL. DEV. CH 73.00 07300 DRUGS CHARGEE		0	0	298, 578 7	0 506, 634	19, 825 26, 083	
73. 01 07301 DI ABETES CENT		3, 684	1, 709	0	0	20,003	73.01
74.00 07400 RENAL DIALYSI 76.98 07698 HYPERBARIC 0		1,638	760	0	0	599	•
76. 98 07698 HYPERBARI C 0X OUTPATI ENT SERVICE		/	0	0	0	87	76.98
90. 00 09000 CLI NI C		7, 552	0	1	0	151	
91.00 09100 EMERGENCY 91.01 04950 WOUND CARE		80, 693 14, 987	37, 425 6, 951	1, 368	0	16, 665 1, 235	
	BEDS (NON-DISTINCT PART	14, 707	0, 751	5	0	1,233	92.00
	BEDS (DI STI NCT PART)	19, 996	0	46	0	2, 426	92.01
0THER REIMBURSABLE 95.00 09500 AMBULANCE SEF		37, 361	17, 328	264	0	2, 520	95.00
101.00 10100 HOME HEALTH A	GENCY	29, 826	13, 833	2, 584	0		101.00
SPECIAL PURPOSE COS 113.00 11300 INTEREST EXPE							113.00
116. 00 11600 HOSPI CE		21, 719	10, 073	857	0	3, 808	116.00
	IM OF LINES 1 through 117)	845, 080	308, 906	568, 796	506, 634	242, 861	118.00
NONREI MBURSABLE COS 190. 00 19000 GI FT, FLOWER,		754	0	5	0	0	190.00
192.00 19200 PHYSI CLANS' F		7, 201	Ö	0	0	0	192.00
194.0007950 MOB 194.0107951 LIFELINE		0	0	0	0	0	194.00 194.01
194.02 07952 PATIENT TRANS		0	0	0	0	0	194. 02
194.03 07954 OTHER NONREIN		0	0	0	0	0	194.03
200.00 Cross Foot Ac	ij ustillerits						200.00

Health Fin	ancial Systems	FRANCI SCAN HEA	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
ALLOCATI ON	I OF CAPITAL RELATED COSTS		Provider C		Period:	Worksheet B	
					From 01/01/2018 To 12/31/2018		narod.
			_			5/30/2019 2:3	
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVICES &		RECORDS &	
				SUPPLY		LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
201.00	Negative Cost Centers	0	0	(	0 0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	853, 035	308, 906	568, 801	1 506, 634	242, 861	202.00

ALLOCATI ON	ancial Systems I OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2018	Worksheet B Part II	
					o 12/31/2018		pared
	Cost Center Description	SOCI AL SERVI CE	NURSING SCHOOL	PHARMACY	EMS EDUCATION	Subtotal	9 piii
		17.00	20.00	RESI DENCY 23.00	23.01	24.00	
	ERAL SERVI CE COST CENTERS						
	00 CAP REL COSTS-BLDG & FIXT 00 CAP REL COSTS-MVBLE EQUIP						1.0
	00 EMPLOYEE BENEFITS DEPARTMENT						4.0
	60 COMMUNI CATI ONS						5.0
	40 MGMT INFO SYSTEMS						5.0
	50 PURCHASI NG						5. C
							5.0
	80 PATIENT ACCOUNTING 60 OTHER ADMINISTRATIVE AND GENERAL						5.0
	DO OPERATION OF PLANT						7.0
	DO LAUNDRY & LINEN SERVICE						8. (
0090	DO HOUSEKEEPI NG						9. (
1	DO DI ETARY						10. (
1	00 CAFETERIA 00 NURSI NG ADMI NI STRATI ON						11. (
	00 CENTRAL SERVICES & SUPPLY						14. (
	DO PHARMACY						15.0
	00 MEDI CAL RECORDS & LI BRARY						16. (
	DO SOCIAL SERVICE	57, 624					17. (
1	DO NURSI NG SCHOOL	0	1, 607, 251	0,000			20.0
	01 PHARMACY RESIDENCY 00 EMS EDUCATION	0		9,009	200, 291		23.0
	ATIENT ROUTINE SERVICE COST CENTERS	0	I		200, 271		20.
	00 ADULTS & PEDIATRICS	40, 696				6, 937, 188	30. (
31.00 0310	DO INTENSIVE CARE UNIT	5, 658				851, 468	31.0
	60 NEONATAL INTENSIVE CARE UNIT	3, 329				488, 953	
	00 SUBPROVIDER - IRF	3, 594				915, 641	
	00 NURSERY I LLARY SERVI CE COST CENTERS	4, 347	I			36, 138	43.
	DO OPERATI NG ROOM	0				1, 972, 549	50.
	DO RECOVERY ROOM	0				172, 260	
	DO DELIVERY ROOM & LABOR ROOM	0				161, 144	
	00 RADI OLOGY-DI AGNOSTI C	0				1, 688, 170	
	30  RADI OLOGY-THERAPEUTI C 00  RADI OI SOTOPE	0				93, 163 29, 982	
	50 CARDIAC CATH LAB	0				551,653	1
	DO CT SCAN	0				267, 190	1
8.00 058	DO MRI	0				82, 104	58.
	DO LABORATORY	0				1, 057, 713	
		0				138, 343	
	00 PHYSI CAL THERAPY 00 OCCUPATI ONAL THERAPY	0				791, 647 334, 379	
	DO SPEECH PATHOLOGY	0				167, 261	
	DO ELECTROCARDI OLOGY	0				669, 407	
	00 ELECTROENCEPHALOGRAPHY	0				428, 724	
	00 MEDI CAL SUPPLIES CHARGED TO PATIENT	0				644, 827	
	DO IMPL. DEV. CHARGED TO PATIENTS	0				960, 045	
	00 DRUGS CHARGED TO PATIENTS 01 DIABETES CENTER	0				653, 146 14, 548	
	DO RENAL DI ALYSI S	0				163, 964	
6. 98 076	98 HYPERBARI C OXYGEN THERAPY	0				271, 053	
	PATIENT SERVICE COST CENTERS	1 1			1		
		0				27, 618	
	00 EMERGENCY 50 WOUND CARE	0				2, 040, 905 865, 076	
	00 OBSERVATION BEDS (NON-DISTINCT PART	0				805,070	92.
	01 OBSERVATION BEDS (DISTINCT PART)	0				466, 011	
	ER REIMBURSABLE COST CENTERS						
	00 AMBULANCE SERVICES	0				523, 945	
	00 HOME HEALTH AGENCY CIAL PURPOSE COST CENTERS	0				171, 559	101.
	DO INTEREST EXPENSE	1	1				113.
	DO HOSPI CE	0				300, 276	
18.00	SUBTOTALS (SUM OF LINES 1 through 117)	57, 624	0	C	0 0	24, 938, 050	
	REIMBURSABLE COST CENTERS	· · ·					
	DO GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	T			137, 770	
	00 PHYSICIANS' PRIVATE OFFICES	0				1, 035, 074	
94.00079	50 MOB 51 LI FELI NE	0					194. 194.
	51 LIFELINE 52 PATIENT TRANSPORT	0					194.
	54 OTHER NONREIMBURSABLE COST CENTERS	0				5, 535, 044	
200.00	Cross Foot Adjustments		1, 607, 251	9,009	200, 291	1, 816, 551	
01.00	Negative Cost Centers	0	0	(	0		201.

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lieu of Form CMS-2552-10			
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC		Period: From 01/01/2018	Worksheet B		
					Date/Time Pre 5/30/2019 2:3		
Cost Center Description	SOCI AL SERVI CE	NURSING SCHOOL	PHARMACY	EMS EDUCATION	Subtotal		
			RESI DENCY				
	17.00	20.00	23.00	23.01	24.00		
202.00 TOTAL (sum lines 118 through 201)	57, 624	1, 607, 251	9, 00	9 200, 291	33, 462, 899	202.00	

LOCAT	Financial Systems TON OF CAPITAL RELATED COSTS		Provider CCN:	15-0109	Period: From 01/01/2018	<u>i of Form CMS-2</u> Worksheet B Part II	
					To 12/31/2018	Date/Time Prep 5/30/2019 2:39	
	Cost Center Description	Intern & Residents Cost & Post Stepdown	Total		I	0,00,2017 2.0	
		Adjustments					
	GENERAL SERVICE COST CENTERS	25.00	26.00				
-	DO100 CAP REL COSTS-BLDG & FIXT						1
00	DO200 CAP REL COSTS-MVBLE EQUIP						2
	00400 EMPLOYEE BENEFITS DEPARTMENT						4
	D1160 COMMUNI CATI ONS						5
	01140 MGMT INFO SYSTEMS						5
	20550 PURCHASI NG 20570 ADMI TTI NG						5
	DO580 PATIENT ACCOUNTING						5
	00560 OTHER ADMINISTRATIVE AND GENERAL						5
	00700 OPERATION OF PLANT						7
00	DO800 LAUNDRY & LINEN SERVICE						8
	DO900 HOUSEKEEPI NG						9
							10
	01100 CAFETERIA 01300 NURSING ADMINISTRATION						11   13
	01400 CENTRAL SERVICES & SUPPLY						14
	D1500 PHARMACY						15
	01600 MEDICAL RECORDS & LIBRARY						16
. 00	D1700 SOCIAL SERVICE						17
	D2000 NURSI NG SCHOOL						20
	02301 PHARMACY RESIDENCY						23
	02300 EMS EDUCATION						23
	NPATI ENT ROUTI NE SERVI CE COST CENTERS           D3000         ADULTS & PEDI ATRI CS	0	6, 937, 188				30
	03100 I NTENSI VE CARE UNI T	0	851, 468				31
	D2060 NEONATAL INTENSIVE CARE UNIT	0	488, 953				35
	04100 SUBPROVI DER – I RF	0	915, 641				41
00	D4300 NURSERY	0	36, 138				43
-	ANCI LLARY SERVICE COST CENTERS		1 070 540				
	D5000 OPERATING ROOM D5100 RECOVERY ROOM	0	1,972,549				50 51
	D5200 DELIVERY ROOM & LABOR ROOM	0	172, 260 161, 144				52
	05400 RADI OLOGY-DI AGNOSTI C	0	1, 688, 170				54
	03630 RADI OLOGY-THERAPEUTI C	0	93, 163				55
. 00	05600 RADI OI SOTOPE	0	29, 982				56
	D3950 CARDI AC CATH LAB	0	551, 653				56
	D5700 CT SCAN	0	267, 190				57
		0	82, 104				58
	06000 LABORATORY 06500 RESPI RATORY THERAPY	0	1, 057, 713 138, 343				60
	06600 PHYSI CAL THERAPY	0	791, 647				66
	D6700 OCCUPATI ONAL THERAPY	0	334, 379				67
	D6800 SPEECH PATHOLOGY	0	167, 261				68
	D6900 ELECTROCARDI OLOGY	0	669, 407				69
	07000 ELECTROENCEPHALOGRAPHY	0	428, 724				70
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	644, 827				71
	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	960, 045 653 146				72
	07300 DRUGS CHARGED TO PATTENTS 07301 DI ABETES CENTER	0	653, 146 14, 548				73
	07400 RENAL DI ALYSI S	0	163, 964				74
	07698 HYPERBARI C OXYGEN THERAPY	0	271, 053				76
	DUTPATIENT SERVICE COST CENTERS	T					
		0	27, 618				90
		0	2,040,905				91
	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	865, 076				91 92
	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	466, 011				92
	OTHER REIMBURSABLE COST CENTERS						1
00	09500 AMBULANCE SERVI CES	0	523, 945				95
	10100 HOME HEALTH AGENCY	0	171, 559				101
-	SPECIAL PURPOSE COST CENTERS	1					11.1.0
	11300 INTEREST EXPENSE		200 274				113
5.00 3.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	0	300, 276 24, 938, 050				116 118
-	VONREIMBURSABLE COST CENTERS	- J	21, 750, 050				1.10
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	137, 770				190
0.001							192
	19200 PHYSI CLANS' PRI VATE OFFI CES	0	1, 035, 074				
2.00 4.00	D7950 MOB D7951 LIFELINE	0	1, 035, 074 100 0				194 194

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2552-1	10
ALLOCATION OF CAPITAL RELATED COSTS		Provider CC	CN: 15-0109	Peri od:	Worksheet B	_
				From 01/01/2018 To 12/31/2018	Part II	ı.
				10 12/31/2018	Date/Time Prepared 5/30/2019 2:39 pm	
Cost Center Description	Intern &	Total				
	Residents Cost					
	& Post					
	Stepdown					
	Adjustments					
	25.00	26.00				
194.0307954 OTHER NONREIMBURSABLE COST CENTERS	0	5, 535, 044			194. C	33
200.00 Cross Foot Adjustments	0	1, 816, 551			200. 0	00
201.00 Negative Cost Centers	0	0			201.0	)O
202.00 TOTAL (sum lines 118 through 201)	0	33, 462, 899			202. C	00

	Financial Systems LLOCATION - STATISTICAL BASIS	FRANCISCAN HEA	LTH LAFAYETTE Provider CO		eri od:	u of Form CMS-2 Worksheet B-1	2552-10
					rom 01/01/2018 o 12/31/2018	Date/Time Pre 5/30/2019 2:3	
		CAPI TAL REI	ATED COSTS			373072017 2.3	2 pm
	Cost Center Description	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS	COMMUNI CATI ONS (PHONE LI NE S)	MGMT INFO SYSTEMS (MANHOURS)	
		1.00	2.00	SALARIES) 4.00	5. 01	5.02	
1.00	GENERAL SERVICE COST CENTERS	070.440					1 00
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP	879, 460	734, 781				1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	8, 378		112, 517, 002			4.00
5.01	01160 COMMUNI CATI ONS	1, 182	1, 182				5.01
5.02 5.03	01140 MGMT INFO SYSTEMS 00550 PURCHASING	15, 901 19, 601	15, 901 19, 601	4, 422 0		2, 953, 728 0	5.02 5.03
5.03	00570 ADMI TTI NG	2, 619	2, 619			0	5.03
5.05	00580 PATIENT ACCOUNTING	4, 463	4, 463	C		0	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	64, 801	64, 801	22, 160, 607		191, 457	5.06
7.00 8.00	00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE	118, 262 4, 692	118, 262 4, 692	3, 224, 045 132, 737		124, 824 8, 409	7.00 8.00
9.00	00900 HOUSEKEEPING	13, 921	13, 921	2, 097, 958		133, 835	
10.00	01000 DI ETARY	22, 166				55, 014	
11.00 13.00	01100 CAFETERIA	16, 491	16, 491	1, 428, 000		86, 980	
13.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	4, 326 11, 069	4, 326 11, 069	3, 264, 834 368, 917		70, 408 19, 022	
15.00	01500 PHARMACY	8, 268				73, 118	
16.00	01600 MEDICAL RECORDS & LIBRARY	4, 535				758	16.00
17.00 20.00	01700 SOCI AL SERVI CE 02000 NURSI NG SCHOOL	628 31, 569	628 31, 569	656, 723 2, 135, 785		23, 687 58, 908	17.00 20.00
23.00	02301 PHARMACY RESIDENCY	0	0	237, 701		7, 322	
23. 01	02300 EMS EDUCATI ON	3, 846	3, 846	276, 163	0	10, 369	23. 01
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	105, 624	105, 624	14, 952, 255	115	483, 214	30.00
31.00	03100 I NTENSI VE CARE UNI T	11, 472	11, 472			117, 370	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	8, 026	8, 026			56, 018	
41.00 43.00	04100 SUBPROVIDER – IRF 04300 NURSERY	15, 347 0	15, 347 0	1, 342, 483 526, 825		40, 738 15, 551	
43.00	ANCI LLARY SERVICE COST CENTERS	0	0	520, 825	0	15, 551	43.00
	05000 OPERATING ROOM	32, 893	32, 893			122, 322	50.00
51.00	05100 RECOVERY ROOM	2, 718	2, 718			16, 397	51.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	28, 437	28, 437	3, 434, 079 3, 444, 167		101, 369 118, 588	
55.00	03630 RADI OLOGY-THERAPEUTI C	1, 476	1, 476			9, 833	
56.00	05600 RADI OI SOTOPE	350	350			8, 082	
56. 01 57. 00	03950 CARDI AC CATH LAB 05700 CT SCAN	8, 690 4, 199	8, 690 4, 199			33, 267 20, 497	56. 01 57. 00
	05800 MRI	1, 362					58.00
60.00	06000 LABORATORY	17, 522	17, 522			0	
65.00 66.00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	632 12, 375	632 12, 375			66, 963 133, 793	65.00 66.00
67.00	06700 OCCUPATI ONAL THERAPY	5, 613	5, 613			38, 084	
68.00	06800 SPEECH PATHOLOGY	2, 991	2, 991	463, 949	0	13, 817	68.00
69.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	11, 947	11, 947			46, 527 19, 980	69.00
70.00 71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8, 091 0	8, 091 0	688, 376 C		19, 980	70.00 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	C	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	-	0	73.00
73.01 74.00	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	3, 046	3, 046	345, 492 149, 665		10, 164 4, 520	73.01 74.00
	07698 HYPERBARI C OXYGEN THERAPY	5, 500				19	76.98
~~ ~~	OUTPATIENT SERVICE COST CENTERS			107.05			
90.00 91.00	09000 CLINIC 09100 EMERGENCY	0 34, 148	0 34, 148	437, 056 6, 873, 306		20, 833 222, 603	90.00 91.00
91.00	04950 WOUND CARE	16, 382	16, 382			41, 344	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	7,990	7, 990	1, 815, 299	0	55, 162	92.01
95.00	OTHER REIMBURSABLE COST CENTERS 09500 AMBULANCE SERVICES	7, 981	7, 981	2, 160, 658	0	103, 066	95.00
	10100 HOME HEALTH AGENCY	0	0			82, 279	
112 00	SPECIAL PURPOSE COST CENTERS	I	[	Γ	1		112 00
	11300 I NTEREST EXPENSE 11600 HOSPI CE	3, 810	3, 810	1, 872, 993	0	59, 914	113. 00 116. 00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	715, 340				2, 931, 784	
100 00	NONREIMBURSABLE COST CENTERS 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 755	2, 755	46, 922	0	2 000	190. 00
	19000 BIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	16, 686				2, 080 19, 864	
	07950 МОВ	0					194.00
							-

COST ALLOCATION - STATISTICAL BASIS		Provider CC	F	Period:	Worksheet B-1	
			1	rom 01/01/2018 o 12/31/2018	Date/Time Pre 5/30/2019 2:3	
C	APITAL REL	ATED COSTS				
	G & FIXT ARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS (PHONE LI NE S)	MGMT INFO SYSTEMS (MANHOURS)	
			(GROSS SALARI ES)			
	1.00	2.00	4.00	5. 01	5.02	
194. 01 07951 LI FELI NE	0	0	C	0 0	0	194.01
194. 02 07952 PATI ENT TRANSPORT	0	0	C	0 0	0	194. 02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	144, 679	0	C	0 0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	26, 692, 164	6, 770, 735	39, 489, 934	1, 505, 745	15, 623, 196	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	30. 350629	9. 214630	0.350969	2, 135. 808511	5. 289314	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			331, 478	48, 270	630, 715	204.00
205.00 Unit cost multiplier (Wkst. B, Part			0. 002946	68. 468085	0. 213532	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

Health Financial Systems	FRANCI SCAN HEAL			In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provider CC	F	eriod: rom 01/01/2018	Worksheet B-1	
			Т	b 12/31/2018	Date/Time Pre 5/30/2019 2:3	
Cost Center Description	PURCHASING (COSTED REQ	ADMI TTI NG (GROSS CHAR	PATI ENT ACCOUNTI NG	Reconciliation	OTHER ADMI NI STRATI VE	
	UISI)	GES)	(GROSS CHAR	ĺ	AND GENERAL	
	5.03	5.04	GES) 5.05	5A. 06	(ACCUM. COST) 5.06	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FLXT 2.00 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01 01160 COMMUNI CATI ONS 5. 02 01140 MGMT I NFO SYSTEMS						5.01 5.02
5. 03 00550 PURCHASI NG	36, 487, 319					5.03
5. 04 00570 ADMITTING 5. 05 00580 PATIENT ACCOUNTING	0	1, 293, 417, 024 0				5.04 5.05
5. 06 00560 OTHER ADMINI STRATI VE AND GENERAL	0	0	0	-30, 242, 343	261, 767, 878	5.06
7.00 00700 OPERATION OF PLANT 8.00 00800 LAUNDRY & LINEN SERVICE	12, 293 2, 515	0	0	0	17, 116, 884 1, 303, 085	7.00 8.00
9. 00 00900 HOUSEKEEPI NG	42, 404	0		0	4, 988, 488	9.00
10. 00 01000 DI ETARY 11. 00 01100 CAFETERI A	41, 023 0	0		0	2, 649, 074 2, 624, 294	10.00 11.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	4, 633, 948	13.00
14. 00 01400 CENTRAL SERVICES & SUPPLY 15. 00 01500 PHARMACY	2, 453 1, 266	0		0	1, 090, 893 5, 072, 499	14.00 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	8	0	0	Ō	1, 982, 604	16.00
17. 00 01700 SOCI AL SERVI CE 20. 00 02000 NURSI NG SCHOOL	0	0	0	0	1, 060, 016 2, 809, 437	17.00 20.00
23. 00 02301 PHARMACY RESIDENCY	0	0	0	0	400, 450	
23. 01 02300 EMS EDUCATION I NPATI ENT ROUTI NE SERVI CE COST CENTERS	0	0	0	0	599, 577	23.01
30. 00 03000 ADULTS & PEDI ATRI CS	46, 040	63, 219, 922	63, 219, 922	0	29, 018, 610	30.00
31. 00 03100 I NTENSI VE CARE UNI T 35. 00 02060 NEONATAL I NTENSI VE CARE UNI T	7, 634 17, 073	16, 897, 974 16, 498, 498		0	6, 031, 462 3, 307, 297	31.00 35.00
41. 00 04100 SUBPROVIDER - IRF	1, 168	6, 275, 223		0	2, 774, 159	41.00
43. 00 04300 NURSERY ANCI LLARY SERVI CE COST CENTERS	0	3, 857, 265	3, 857, 265	0	819, 861	43.00
50. 00 05000 OPERATING ROOM	1, 087, 109	169, 640, 798	169, 640, 798	0	11, 272, 691	50.00
51.00 05100 RECOVERY ROOM 52.00 05200 DELIVERY ROOM & LABOR ROOM	12	14, 200, 859		0	1, 153, 794 5, 390, 929	51.00 52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 375, 272	23, 192, 941 87, 528, 250		0	11, 681, 061	52.00
55. 00 03630 RADI OLOGY-THERAPEUTI C 56. 00 05600 RADI OI SOTOPE	0	11, 924, 187		0	950, 824	55.00
56. 00   05600  RADI OI SOTOPE 56. 01   03950  CARDI AC CATH LAB	381 1, 176, 807	0 45, 349, 322	0 45, 349, 322	0	576, 954 3, 618, 317	56. 00 56. 01
57. 00 05700 CT SCAN	13, 113			0	1, 781, 001	57.00
58. 00 05800 MRI 60. 00 06000 LABORATORY	381 761, 363	14, 575, 745 137, 110, 462		0 0	592, 562 11, 340, 123	
65. 00 06500 RESPI RATORY THERAPY	119, 451	15, 180, 277	15, 180, 277	0	3, 597, 447	
66. 00 06600 PHYSI CAL THERAPY 67. 00 06700 0CCUPATI ONAL THERAPY	0	19, 212, 082 11, 681, 186		0	6, 507, 580 2, 328, 247	66.00 67.00
68.00 06800 SPEECH PATHOLOGY	0	3, 236, 462		0	839, 582	
69. 00 06900 ELECTROCARDI OLOGY 70. 00 07000 ELECTROENCEPHALOGRAPHY	686 0	31, 026, 877 6, 112, 153		0	3, 292, 714 1, 483, 492	69.00 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12, 342, 632	122, 299, 342	122, 299, 342	0	13, 669, 808	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	19, 100, 155 443			0	20, 774, 722 8, 837, 182	
73. 01 07301 DI ABETES CENTER	0	30, 649	30, 649	0	542, 476	73.01
74.00 07400 RENAL DIALYSIS 76.98 07698 HYPERBARIC OXYGEN THERAPY	0	3, 183, 516 465, 236			1, 024, 542 283, 291	74.00 76.98
OUTPATIENT SERVICE COST CENTERS		· · · · · · · · · · · · · · · · · · ·				
90. 00 09000 CLI NI C 91. 00 09100 EMERGENCY	50 87, 532			0	1, 155, 822 12, 751, 164	90.00 91.00
91. 01 04950 WOUND CARE	169			Ō	2, 863, 744	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART 92.01 09201 OBSERVATION BEDS (DISTINCT PART)	2, 913	12, 902, 498	12, 902, 498	o	3, 354, 816	92.00 92.01
OTHER REIMBURSABLE COST CENTERS				1		
95. 00 09500 AMBULANCE SERVI CES 101. 00 10100 HOME HEALTH AGENCY	16, 872 165, 291	13, 404, 215 9, 836, 902		0	4, 501, 382 8, 858, 280	
SPECIAL PURPOSE COST CENTERS		.,	.,		5, 000, 200	
113. 00 11300 I NTEREST EXPENSE 116. 00 11600 HOSPI CE	54,854	20, 256, 748	20, 256, 748	o	5, 315, 764	113.00 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)		1, 293, 417, 024		-30, 242, 343	238, 622, 949	
NONREI MBURSABLE COST CENTERS 190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	303	0	0	0	215, 307	190 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	22	0	0	0	18, 498, 397	192.00
194. 00 07950 MOB 194. 01 07951 LI FELI NE	0	0	0	0		194. 00 194. 01
194. 02 07952 PATI ENT TRANSPORT	0	0	0	0	30, 302	194. 02
194.03 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	4, 391, 098	194. 03

Health F	inancial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
COST AL	LOCATION - STATISTICAL BASIS		Provider CO		Period: From 01/01/2018	Worksheet B-1	
					To 12/31/2018		
	Cost Center Description	PURCHASI NG	ADMI TTI NG	PATI ENT	Reconciliation		
		(COSTED REQ	(GROSS CHAR	ACCOUNTI NG		ADMI NI STRATI VE	
		UISI)	GES)	(GROSS CHAR		AND GENERAL	
				GES)		(ACCUM. COST)	
		5.03	5.04	5.05	5A. 06	5.06	
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)	2, 287, 415	108, 426	5, 744, 412	2	30, 242, 343	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0. 062691	0. 000084	0.00444		0. 115531	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	776, 478	103, 621	177, 539	9	2, 675, 035	204.00
205.00	Unit cost multiplier (Wkst. B, Part	0. 021281	0. 000080	0.000137	7	0. 010219	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

		FRANCI SCAN HEAI				u of Form CMS-2	
COST AL	LOCATION - STATISTICAL BASIS		Provider CO	F	eriod: rom 01/01/2018	Worksheet B-1	
				T	o 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Cost Center Description	OPERATION OF PLANT	LAUNDRY &	HOUSEKEEPING (SQUARE FEET)	DI ETARY	CAFETERIA (MANHOURS)	
		(SQUARE FEET)	(POUNDS OF		(WERES SERVED)		
		7.00	LAUNDRY) 8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS	7.00	0.00	7.00	10.00	11.00	
	DO100 CAP REL COSTS-BLDG & FIXT DO200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
	D1160 COMMUNI CATI ONS						5. 01
	01140 MGMT INFO SYSTEMS 00550 PURCHASING						5.02 5.03
5.04 0	DO570 ADMI TTI NG						5.04
	20580 PATIENT ACCOUNTING						5.05 5.06
	DO560 OTHER ADMINISTRATIVE AND GENERAL	644, 253					7.00
	DO800 LAUNDRY & LINEN SERVICE	4, 692	966, 240				8.00
	DO900 HOUSEKEEPI NG D1000 DI ETARY	13, 921 22, 166	22, 346 27, 138		210, 046		9.00 10.00
	D1100 CAFETERI A	16, 491	0	16, 491	0	2, 353, 209	1
	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	4, 326	0	4, 326	0	70, 408	
	D1400 CENTRAL SERVICES & SUPPLY	11, 069 8, 268	24, 489 0	11, 069 8, 268	0	19, 022 73, 118	
16.00 0	01600 MEDICAL RECORDS & LIBRARY	4, 535	0	4, 535	0	758	16.00
	D1700 SOCIAL SERVICE D2000 NURSING SCHOOL	628 31, 569	0	628 31, 569	0	23, 687 58, 908	17.00 20.00
	D2301 PHARMACY RESIDENCY	0	0		0	7, 322	
	D2300 EMS EDUCATION	3, 846	0	3, 846	0	10, 369	23. 01
	NPATIENT ROUTINE SERVICE COST CENTERS	105, 624	341, 098	105, 624	172, 998	483, 214	30.00
31.00	D3100 INTENSIVE CARE UNIT	11, 472	51, 962	11, 472	19, 776	117, 370	
	02060 NEONATAL INTENSIVE CARE UNIT	8,026	21, 659			56, 018	35.00
	04100 SUBPROVI DER – I RF 04300 NURSERY	15, 347 0	18, 343 35, 595	15, 347 0	17, 272 0	40, 738 15, 551	41.00 43.00
A	ANCILLARY SERVICE COST CENTERS	[			_1		
	D5000 OPERATING ROOM D5100 RECOVERY ROOM	32, 893 2, 718	169, 460 31, 162			122, 322 16, 397	50.00 51.00
52.00	D5200 DELIVERY ROOM & LABOR ROOM	0	38, 057	0	0	101, 369	1
	05400 RADI OLOGY-DI AGNOSTI C	28, 437	59, 462	28, 437	0	118, 588	
	03630 RADI OLOGY-THERAPEUTI C 05600 RADI OI SOTOPE	1, 476 350	0	1, 476 350	0	9, 833 8, 082	1
	D3950 CARDI AC CATH LAB	8, 690	3, 929		0	33, 267	1
	05700 CT_SCAN 05800 MRI	4, 199	0	4, 199	0	20, 497 5, 359	57.00
	D6000 LABORATORY	1, 362 17, 522	6, 161	1, 362 17, 522	0	5, 359 0	58.00 60.00
65.00	06500 RESPI RATORY THERAPY	632	7, 214	632	0	66, 963	65.00
	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	12, 375 5, 613	13, 425 0	12, 375 5, 613	0	133, 793	
	D6800 SPEECH PATHOLOGY	2, 991	0	2, 991	0	38, 084 13, 817	
	06900 ELECTROCARDI OLOGY	11, 947	5, 471	11, 947	0	46, 527	•
	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	8, 091	0	8, 091 0	0	19, 980 0	70.00 71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
	D7300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	0 3, 046	0	0 3, 046	0	10, 164 4, 520	
	07698 HYPERBARI C OXYGEN THERAPY	5, 500	0	5, 500		4, 320	1
	DUTPATIENT SERVICE COST CENTERS					00.000	
	09000 CLINIC 09100 EMERGENCY	0 34, 148	0 89, 269	0 34, 148	-	20, 833 222, 603	90.00 91.00
	D4950 WOUND CARE	16, 382	0	16, 382		41, 344	
	09200 OBSERVATION BEDS (NON-DISTINCT PART	7 000	0	7 000		FF 1/2	92.00
	D9201 OBSERVATION BEDS (DISTINCT PART) DTHER REIMBURSABLE COST CENTERS	7,990	0	7, 990	0	55, 162	92.01
95.00	D9500 AMBULANCE SERVI CES	7, 981	0		0	103, 066	1
	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	82, 279	101.00
	11300 INTEREST EXPENSE						113.00
116.001	11600 HOSPI CE	3, 810	0	3, 810		59, 914	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117) NONREI MBURSABLE COST CENTERS	480, 133	966, 240	461, 520	210, 046	2, 331, 265	118.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 755	0	2, 755	0	2, 080	190. 00
190.00				16, 686		19 864	192.00
192.001	19200 PHYSI CLANS' PRI VATE OFFI CES	16, 686	0	10,000	U U		
192.001 194.000	D7950 MOB	0	0	0	0	0	194.00
192.001 194.000 194.010 194.020		16, 686 0 0 0 144, 679	0 0 0	0 0 0 0	0 0 0	0 0 0	

Heal th F	inancial Systems	FRANCI SCAN HEAL	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COST ALL	LOCATION - STATISTICAL BASIS		Provider C		Period:	Worksheet B-1	
					rom 01/01/2018 o 12/31/2018		
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
			LINEN SERVICE	(SQUARE FEET)	(MEALS SERVED)	(MANHOURS)	
		(SQUARE FEET)					
			LAUNDRY)				
		7.00	8.00	9.00	10.00	11.00	
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)	19, 094, 415	1, 592, 694	6, 014, 239	3, 933, 992	3, 622, 456	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29. 638069	1. 648342	12. 504629	18. 729193	1.539369	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4, 894, 165	236, 908	749, 274	1, 130, 982	853, 035	204.00
205.00	Unit cost multiplier (Wkst. B, Part	7. 596651	0. 245185	1. 557869	5. 384449	0. 362499	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

	Financial Systems LLOCATION - STATISTICAL BASIS	FRANCI SCAN HEAL	TH LAFAYETTE Provider CO	CN: 15-0109	Peri od:	worksheet B-1	
					From 01/01/2018 To 12/31/2018	Date/Time Pre	
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	5/30/2019 2:3 SOCI AL SERVI CE	
	· ·	ADMI NI STRATI ON	SERVICES & SUPPLY	(COSTED REQUI S. )	RECORDS & LI BRARY	(TIME SPENT)	
		(DI RECT NRS	(COSTED REQ	KEQUIS. )	(GROSS CHAR	(TIME SPENT)	
		I NG) 13.00	UI SI ) 14.00	15.00	GES) 16.00	17.00	
	GENERAL SERVICE COST CENTERS	13.00	14.00	13.00	10.00	17.00	
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNI CATI ONS						5.01
5.02 5.03	01140 MGMT INFO SYSTEMS 00550 PURCHASING						5.02
5.04	00570 ADMI TTI NG						5.04
5.05 5.06	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05 5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00 10.00	00900 HOUSEKEEPI NG 01000 DI ETARY						9.00
11.00	01100 CAFETERI A						11.00
13.00 14.00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	1, 837, 382 0	36, 386, 631				13.00 14.00
14.00	01500 PHARMACY	0	1, 266	10	00		15.00
16.00	01600 MEDI CAL RECORDS & LI BRARY	0	8		0 1, 293, 417, 024		16.00
17.00 20.00	01700 SOCIAL SERVICE 02000 NURSING SCHOOL	0	0 7,622		0 0	48, 142	•
23.00	02301 PHARMACY RESIDENCY	0	0		0 0	0	
23. 01	02300 EMS EDUCATION	0	0		0 0	0	23.01
30.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 ADULTS & PEDI ATRI CS	483, 214	46, 040		0 63, 219, 922	33, 999	30.00
31.00	03100 I NTENSI VE CARE UNI T	117, 370	7, 634		0 16, 897, 974	4, 727	•
35.00 41.00	02060 NEONATAL INTENSIVE CARE UNIT 04100 SUBPROVIDER - IRF	56, 018 40, 738	17, 073 1, 168		0 16, 498, 498 0 6, 275, 223		35.00
43.00	04300 NURSERY	15, 551	0		0 3, 857, 265		43.00
50.00	ANCI LLARY SERVICE COST CENTERS	400,000	4 007 400	[	0 4/0 /40 700		50.00
50.00 51.00	05000 OPERATING ROOM 05100 RECOVERY ROOM	122, 322 16, 397	1, 087, 109 12		0 169, 640, 798 0 14, 200, 859		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	101, 369	0		0 23, 192, 941	0	52.00
54.00 55.00	05400 RADI OLOGY-DI AGNOSTI C 03630 RADI OLOGY-THERAPEUTI C	0	1, 375, 272 0		0 87, 528, 250 0 11, 924, 187	0	54.00 55.00
55.00 56.00	05600 RADI OLOGI - THERAPEUTI C	8, 082	381		0 11, 924, 187	0	56.00
56.01	03950 CARDI AC CATH LAB	33, 267	1, 176, 807		0 45, 349, 322		56.01
57.00 58.00	05700 CT SCAN 05800 MRI	0	13, 113 381		0 74, 109, 089 0 14, 575, 745		57.00 58.00
60.00	06000 LABORATORY	0	761, 363		0 137, 110, 462		
	06500 RESPIRATORY THERAPY	66, 963	119, 451		0 15, 180, 277		
66.00 67.00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	133, 793 38, 084	9		0 19, 212, 082 0 11, 681, 186		66.00 67.00
68.00	06800 SPEECH PATHOLOGY	13, 817	0		0 3, 236, 462	0	68.00
69.00 70.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	46, 527 19, 980	686		0 31, 026, 877 0 6, 112, 153		69.00 70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	19, 980	12, 342, 632		0 122, 299, 342		71.00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	19, 100, 155		0 105, 452, 664		72.00
73. 00 73. 01	07300 DRUGS CHARGED TO PATIENTS 07301 DI ABETES CENTER	0 10, 164	443 0	10	00 138, 737, 933 0 30, 649		73.00
74.00	07400 RENAL DI ALYSI S	4, 520	0		0 3, 183, 516		74.00
76. 98	07698 HYPERBARI C OXYGEN THERAPY OUTPATI ENT SERVI CE COST CENTERS	0	0		0 465, 236	0	76.98
90.00	09000 CLINIC	0	50		0 802, 559	0	90.00
91.00	09100 EMERGENCY	222, 603	87, 532		0 88, 645, 428		•
91. 01 92. 00	04950 WOUND CARE 09200 OBSERVATION BEDS (NON-DISTINCT PART	41, 344	169		0 6, 569, 762	0	91.01 92.00
92.00	09201 OBSERVATION BEDS (DISTINCT PART)	0	2, 913		0 12, 902, 498	0	
05 00	OTHER REIMBURSABLE COST CENTERS	102.04/	1/ 070		0 12 404 215		05.00
	09500 AMBULANCE SERVICES 10100 HOME HEALTH AGENCY	103, 066 82, 279	16, 872 165, 291		0 13, 404, 215 0 9, 836, 902		95.00 101.00
	SPECIAL PURPOSE COST CENTERS				., 200, 702		1
	11300 I NTEREST EXPENSE 11600 HOSPI CE	59, 914	54, 854		0 20, 256, 748		113.00 116.00
118.00		1, 837, 382	54, 854 36, 386, 306	10	0 20, 256, 748		
	NONREI MBURSABLE COST CENTERS						1
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 19200 PHYSICIANS' PRIVATE OFFICES	0	303 22		0 0		190.00 192.00
	07950 MOB	0	0		0 0		192.00
194.01	07951 LI FELI NE	0	0		0 0	0	194. 01
194.02	07952 PATI ENT TRANSPORT	0	0		0 0	0	194.02

Health Fina	ncial Systems	FRANCISCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALLOCA	TION - STATISTICAL BASIS		Provider CC		Period:	Worksheet B-1	
					From 01/01/2018 To 12/31/2018		
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES &	(COSTED	RECORDS &	(	
		(5) 5507 1000	SUPPLY	REQUIS.)	LIBRARY	(TIME SPENT)	
		(DI RECT NRS	(COSTED REQ		(GROSS CHAR		
		I NG)	<u>UISI)</u>	15.00	GES)	17.00	
101 00 0705		13.00	14.00	15.00	16.00	17.00	101.00
	OTHER NONREIMBURSABLE COST CENTERS	0	0		0 0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5, 460, 006	1, 753, 051	6, 119, 58	3 2, 403, 940	1, 245, 410	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2. 971623	0. 048178	61, 195. 83000	0 0. 001859	25.869511	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	308, 906	568, 801	506, 63	4 242, 861	57, 624	204.00
205.00	Unit cost multiplier (Wkst. B, Part	0. 168123	0. 015632	5, 066. 34000	0 0. 000188	1. 196959	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

	Financial Systems	FRANCI SCAN HEAI				u of Form CMS-25	52-10
COST A	LLOCATION - STATISTICAL BASIS		Provider CO		Period: From 01/01/2018	Worksheet B-1	
		1			To 12/31/2018	Date/Time Prepa 5/30/2019 2:39	
	Cost Center Description	NURSING SCHOOL	PHARMACY RESI DENCY	EMS EDUCATION (ASSIGNED	1		
		(ASSI GNED	(ASSI GNED	TIME)			
		TI ME) 20.00	TI ME) 23.00	23.01	-		
1 00	GENERAL SERVICE COST CENTERS	1		1			
1.00 2.00	00100 CAP REL COSTS-BLDG & FIXT 00200 CAP REL COSTS-MVBLE EQUIP						1.00 2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 5.02	01160 COMMUNICATIONS 01140 MGMT INFO SYSTEMS						5. 01 5. 02
5.03	00550 PURCHASI NG						5.03
5.04 5.05	00570 ADMI TTI NG						5.04 5.05
5.05	00580 PATIENT ACCOUNTING 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05 5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00 9.00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG						8.00 9.00
10.00	01000 DI ETARY						10. 00
11. 00 13. 00	01100 CAFETERIA 01300 NURSING ADMINISTRATION						11.00 13.00
13.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE						16.00 17.00
	02000 NURSI NG SCHOOL	100					20.00
	02301 PHARMACY RESIDENCY		100				23.00
23. 01	02300 EMS EDUCATION INPATIENT ROUTINE SERVICE COST CENTERS			10	0	2	23. 01
30.00	03000 ADULTS & PEDIATRICS	100	0		0		30. 00
31.00 35.00	03100 INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0		31.00 35.00
41.00	04100 SUBPROVI DER – I RF	0	0		0		41.00
43.00		0	0		0	4	43.00
50.00	ANCI LLARY SERVI CE COST CENTERS	0	0		0	Ę	50.00
51.00	05100 RECOVERY ROOM	0	0		0		51.00
52.00 54.00	05200 DELIVERY ROOM & LABOR ROOM 05400 RADIOLOGY-DIAGNOSTIC	0	0		0		52.00 54.00
55.00	03630 RADI OLOGY-THERAPEUTI C	0	0		0		55.00
56. 00 56. 01	05600 RADI OI SOTOPE 03950 CARDI AC CATH LAB	0	0		0		56.00 56.01
57.00	05700 CT SCAN	0	0		0		57.00
58.00	05800 MRI	0	0		0		58.00
60.00 65.00	06000 LABORATORY 06500 RESPI RATORY THERAPY	0	0		0		60.00 65.00
	06600 PHYSI CAL THERAPY	0	0		0		66.00
67.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0		0		67.00 68.00
	06900 ELECTROCARDI OLOGY	0	0		0		69.00
	07000 ELECTROENCEPHALOGRAPHY	0	0		0		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENT 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0		71.00 72.00
	07300 DRUGS CHARGED TO PATIENTS	0	100		0		73.00
	07301 DI ABETES CENTER 07400 RENAL DI ALYSI S	0	0		0		73.01 74.00
	07698 HYPERBARI C OXYGEN THERAPY	0	0		0		74.00 76.98
~ ~ ~	OUTPATIENT SERVICE COST CENTERS		0				
	09000 CLINIC 09100 EMERGENCY	0	0	10	0		90.00 91.00
91.01	04950 WOUND CARE	0	0		0	9	91. 01
	09200 OBSERVATION BEDS (NON-DISTINCT PART 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0		92.00 92.01
92.01	OTHER REIMBURSABLE COST CENTERS	0	0		0	~ 7	72.01
	09500 AMBULANCE SERVICES	0	0		0		95.00
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	1	0	10	01.00
	11300 INTEREST EXPENSE						13.00
116.00 118.00	11600 HOSPICE SUBTOTALS (SUM OF LINES 1 through 117)	0	0 100		0		16.00 18.00
110.00	NONREIMBURSABLE COST CENTERS	100	100	1 10	<u> </u>		10.00
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0		90.00
	19200 PHYSICIANS' PRIVATE OFFICES 07950 MOB	0	0		0		92.00 94.00
194.01	07951 LI FELI NE	0	0		0	19	94.01
	07952 PATIENT TRANSPORT 07954 OTHER NONREIMBURSABLE COST CENTERS	0			0		94.02 94.03
. , ,. 00	1 USA ANALA MONALE WORK ON DEL COOT CENTERS	0	0	I	~I		

Heal th Fi	nancial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
COST ALL	OCATION - STATISTICAL BASIS		Provider C	CN: 15-0109	Period:	Worksheet B-1	
					From 01/01/2018 To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Cost Center Description	NURSING SCHOOL	PHARMACY	EMS EDUCATIO	N		
			RESI DENCY	(ASSI GNED			
		(ASSI GNED	(ASSI GNED	TIME)			
		TIME)	TIME)				
		20.00	23.00	23.01			
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4, 555, 465	457, 985	846, 89	90		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45, 554. 650000	4, 579. 850000	8, 468. 9000	00		203.00
204.00	Cost to be allocated (per Wkst. B, Part [])	1, 607, 251	9, 009	200, 20	91		204.00
205.00	Unit cost multiplier (Wkst. B, Part	16, 072. 510000	90. 090000	2, 002. 91000	00		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0		0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0. 000000	0. 000000	0.0000	00		207.00

Health Financial Systems FRANCISCAN HEA COMPUTATION OF RATIO OF COSTS TO CHARGES			Provi der CCN: 15-0109		In Lieu of Form CMS-2552-10Period:Worksheet C		
JUMPUTATION OF KAILU OF CUSIS TO CHARGES			FIOVIDEI C	SN: 15-0104	From 01/01/2018	Part I	
					To 12/31/2018	Date/Time Prepare 5/30/2019 2:39 pm	
			Title	XVIII	Hospi tal	PPS	, b
					Costs		
	Cost Center Description	Total Cost (from Wkst. B,	Therapy Limit	Total Costs	RCE Disallowance	Total Costs	
		Part I, col.	Adj .		DI Sal Lowance		
		26)					
		1.00	2.00	3.00	4.00	5.00	
I NPA	ATIENT ROUTINE SERVICE COST CENTERS						
	DO ADULTS & PEDIATRICS	48, 359, 353		48, 359, 3	53 0	48, 359, 353	30. 00
1.00 0310	DO INTENSIVE CARE UNIT	8, 351, 305		8, 351, 3	05 0	8, 351, 305	31.00
5.00 0206	50 NEONATAL INTENSIVE CARE UNIT	4, 419, 463		4, 419, 4	63 0	4, 419, 463	35.0
1.00 0410	00 SUBPROVIDER - IRF	4, 368, 328		4, 368, 3	28 0	4, 368, 328	41.00
	DO NURSERY	1, 144, 533		1, 144, 5	33 0	1, 144, 533	43.00
ANCI	LLARY SERVICE COST CENTERS			-			
	OO OPERATING ROOM	15, 159, 574		15, 159, 5	74 0	15, 159, 574	50.00
	DO RECOVERY ROOM	1, 553, 370		1, 553, 3	70 0	1, 553, 370	51.0
	DO DELIVERY ROOM & LABOR ROOM	6, 576, 869		6, 576, 8		6, 576, 869	
	DO RADI OLOGY-DI AGNOSTI C	14, 738, 536		14, 738, 5		14, 738, 536	54.0
	30 RADI OLOGY-THERAPEUTI C	1, 160, 181		1, 160, 1		1, 160, 181	55.0
	DO RADI OI SOTOPE	694, 836		694, 8		694, 836	
	50 CARDIAC CATH LAB	4, 700, 108		4, 700, 1		4, 700, 108	
	DO CT SCAN	2, 333, 672		2, 333, 6		2, 333, 672	
	DO MRI	753, 782		753, 7		753, 782	
	DO LABORATORY	13, 690, 407		13, 690, 4		13, 690, 407	
	DO RESPI RATORY THERAPY	4, 387, 634	0			4, 387, 634	
	DO PHYSI CAL THERAPY	8, 442, 306	0			8, 442, 306	
	OO OCCUPATIONAL THERAPY	3, 027, 289	0			3, 027, 289	
	DO SPEECH PATHOLOGY	1, 130, 973	0	1, 130, 9		1, 130, 973	
		4, 453, 217		4, 453, 2		4, 453, 217	
	DO ELECTROENCEPHALOGRAPHY	2,097,350		2,097,3		2,097,350	
	00 MEDICAL SUPPLIES CHARGED TO PATIENT	16, 071, 092		16, 071, 0		16, 071, 092	
	DO I MPL. DEV. CHARGED TO PATIENTS	24, 291, 108		24, 291, 1		24, 291, 108	
	DO DRUGS CHARGED TO PATIENTS DI DIABETES CENTER	16, 693, 653 651, 056		16, 693, 6 651, 0		16, 693, 653 651, 056	
	DO RENAL DI ALYSI S	1, 297, 583		1, 297, 5		1, 297, 583	
	28 HYPERBARI C OXYGEN THERAPY	548, 698		548, 6		548, 698	
	PATIENT SERVICE COST CENTERS	546, 076		540, 0	70 0	540, 070	1 /0. 5
	DO CLINIC	1, 322, 919		1, 322, 9	19 0	1, 322, 919	90.0
	DO EMERGENCY	17, 830, 613		17, 830, 6		17, 830, 613	
	50 WOUND CARE	4, 083, 701		4, 083, 7		4, 083, 701	
	OO OBSERVATION BEDS (NON-DISTINCT PART	4,003,701		4,003,7	0	4,003,701	
	01 OBSERVATION BEDS (DISTINCT PART)	4, 188, 162		4, 188, 1		4, 188, 162	
	ER REIMBURSABLE COST CENTERS	1, 100, 102		1, 100, 1	02	1, 100, 102	,2.0
	DO AMBULANCE SERVICES	5, 848, 432		5, 848, 4	32 0	5, 848, 432	95.0
	DO HOME HEALTH AGENCY	10, 279, 096		10, 279, 0		10, 279, 096	
	CIAL PURPOSE COST CENTERS	., _, _, _, _, _, , o				.,, 570	1
	DO INTEREST EXPENSE						113.0
	DO HOSPI CE	6, 401, 036		6, 401, 0	36	6, 401, 036	
00.00	Subtotal (see instructions)	261, 050, 235	0			261, 050, 235	
01.00	Less Observation Beds	0	-	,,_	0		201.0
02.00	Total (see instructions)	261, 050, 235	0	261, 050, 2	35 0	261, 050, 235	

COMPUT	ATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Pre 5/30/2019 2:3	pared: 9 pm
				XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Charges Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			1			
30.00	03000 ADULTS & PEDIATRICS	63, 219, 922		63, 219, 92			30.00
31.00	03100 I NTENSI VE CARE UNI T	16, 897, 974		16, 897, 9			31.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	16, 498, 498		16, 498, 49			35.00
41.00	04100 SUBPROVI DER – I RF	6, 275, 223		6, 275, 22			41.00
43.00	04300 NURSERY	3, 857, 265		3, 857, 20	55		43.00
	ANCI LLARY SERVICE COST CENTERS	00 7(7 05(	70 070 540	1/0 / 10 7/		0.00000	
50.00	05000 OPERATING ROOM	90, 767, 256	78, 873, 542			0.000000	
51.00 52.00	05100 RECOVERY ROOM 05200 DELIVERY ROOM & LABOR ROOM	6, 546, 511	7, 654, 348 686, 111			0.000000	•
52.00 54.00	05400 RADI OLOGY-DI AGNOSTI C	22, 506, 830 16, 473, 255	71, 054, 995			0.000000	
54.00 55.00	03630 RADI OLOGY - THERAPEUTI C	2, 368, 963	9, 555, 224			0.000000	
56.00	05600 RADI OLOGI - THERAPEOTIC	2, 300, 903	9, 555, 224		0 0.000000	0.000000	
56.00 56.01	03950 CARDI AC CATH LAB	20, 781, 057	24, 568, 265			0.000000	
57.00	05700 CT SCAN	19, 596, 211	54, 512, 878			0.000000	
58.00	05800 MRI	4, 277, 652	10, 298, 093			0.000000	
60.00	06000 LABORATORY	58, 588, 511	78, 521, 951			0.000000	
65.00	06500 RESPI RATORY THERAPY	12, 819, 662	2, 360, 615			0.000000	
66.00	06600 PHYSI CAL THERAPY	7, 666, 959	11, 545, 123			0.000000	
67.00	06700 OCCUPATI ONAL THERAPY	7, 488, 686	4, 192, 500			0.000000	
68.00	06800 SPEECH PATHOLOGY	1, 362, 014	1, 874, 448			0.000000	
69.00	06900 ELECTROCARDI OLOGY	10, 579, 740	20, 447, 137			0.000000	
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 100, 124	5,012,029			0.000000	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	69, 714, 394	52, 584, 948			0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	79, 337, 311	26, 115, 353			0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62, 089, 538	76, 648, 395	138, 737, 93	0. 120325	0.000000	73.00
73.01	07301 DI ABETES CENTER	456	30, 193	30, 64	19 21.242324	0.000000	73.0
74.00	07400 RENAL DIALYSIS	2, 135, 836	1, 047, 680	3, 183, 5 <sup>-</sup>	0. 407594	0.000000	74.00
76. 98	07698 HYPERBARI C OXYGEN THERAPY	5,040	460, 196	465, 23	36 1. 179397	0.00000	76.98
	OUTPATIENT SERVICE COST CENTERS			1			
90.00	09000 CLINIC	0	802, 559			0.00000	
91.00	09100 EMERGENCY	13, 904, 955	74, 740, 473			0.00000	
91.01	04950 WOUND CARE	55, 721	6, 514, 041	6, 569, 76		0.00000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0.000000	0.000000	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	1, 771, 230	11, 131, 268	12, 902, 49	0. 324601	0.00000	92.01
05 00			10 404 045	12 404 2	0 40/040	0.000000	
	09500 AMBULANCE SERVICES	0	13, 404, 215			0. 000000	•
101.00	10100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	9, 836, 902	9, 836, 90			101.00
113 00	11300 INTEREST EXPENSE	1					113.00
	11600 HOSPI CE	0	20, 256, 748	20, 256, 74	18		116.00
200.00		618, 686, 794		1, 293, 417, 02			200. 00
200.00 201.00		010,000,794	017,130,230	, 2, 3, 417, 02	- '		200.00
201.00 202.00		618, 686, 794		1, 293, 417, 02			201.00

Health Financial Systems	FRANCI SCAN HEALT			u of Form CMS-	2552-1
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Peri od: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Pre 5/30/2019 2:3	
		Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS					30.00
31.00 03100 INTENSIVE CARE UNIT					31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
41.00 04100 SUBPROVIDER - IRF					41.00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATI NG ROOM	0. 089363				50.00
51.00 05100 RECOVERY ROOM	0. 109386				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 283572				52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 168386				54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C	0. 097296				55.00
56. 00 05600 RADI 0I SOTOPE	0. 000000				56.00
56. 01 03950 CARDI AC CATH LAB	0. 103642				56.0
57. 00 05700 CT SCAN	0. 031490				57.0
58. 00 05800 MRI	0.051715				58.00
60. 00 06000 LABORATORY	0. 099849				60.00
65. 00 06500 RESPI RATORY THERAPY	0. 289035				65.00
66. 00 06600 PHYSI CAL THERAPY	0. 439427				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 259159				67.00
68. 00 06800 SPEECH PATHOLOGY	0. 349447				68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 143528				69.00
70. 00 07000 ELECTROEARDTOLOGT	0. 343144				70.0
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 131408				71.0
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 230351				72.0
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 120325				73.0
73. 01 07301 DI ABETES CENTER	21. 242324				73.0
74. 00 07400 RENAL DIALYSIS	0. 407594				74.00
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1. 179397				76. 9
	1 ( 1027 (				
90. 00 09000 CLINIC	1. 648376				90.00
91.00 09100 EMERGENCY	0. 201145				91.00
91. 01 04950 WOUND CARE	0. 621590				91.0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 324601				92. 01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0. 436313				95.00
101.00 10100 HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS					-
113.00 11300 INTEREST EXPENSE					113.00
116. 00 11600 HOSPI CE					116.00
200.00 Subtotal (see instructions)					200.00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)					202.00

ealth Financial Systems COMPUTATION OF RATIO OF COSTS TO CHARGES	FRANCI SCAN HEAL	Provider C	°N 15 0100	Peri od:	u of Form CMS-: Worksheet C	
UMPUTATION OF RATIO OF COSTS TO CHARGES		Provider C	CN: 15-0109	From 01/01/2018	Part I	
				To 12/31/2018	Date/Time Pre	pared:
			e XIX	Hospi tal	5/30/2019 2:3 Cost	9 pm
				Costs	0031	
Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
	(from Wkst. B,	Adj .		Di sal I owance		
	Part I, col.					
	26) 1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
0. 00 03000 ADULTS & PEDI ATRI CS	48, 359, 353		48, 359, 3	53 0	48, 359, 353	30. 00
1. 00 03100 I NTENSI VE CARE UNI T	8, 351, 305		8, 351, 3		8, 351, 305	
5.00 02060 NEONATAL INTENSIVE CARE UNIT	4, 419, 463		4, 419, 4	63 0	4, 419, 463	35.00
1. 00 04100 SUBPROVIDER - IRF	4, 368, 328		4, 368, 3	28 0	4, 368, 328	41.00
3. 00 04300 NURSERY	1, 144, 533		1, 144, 5	33 0	1, 144, 533	43.00
ANCILLARY SERVICE COST CENTERS			-			
0.00 05000 OPERATING ROOM	15, 159, 574		15, 159, 5		15, 159, 574	
1.00 05100 RECOVERY ROOM	1, 553, 370		1, 553, 3		1, 553, 370	
2.00 05200 DELIVERY ROOM & LABOR ROOM	6, 576, 869		6, 576, 8		6, 576, 869	
4.00 05400 RADI OLOGY-DI AGNOSTI C	14, 738, 536		14, 738, 5		14, 738, 536	
5.00 03630 RADI OLOGY-THERAPEUTI C	1, 160, 181		1, 160, 1		1, 160, 181	
66. 00 05600 RADI OI SOTOPE	694, 836		694, 8		694, 836	
66. 01 03950 CARDI AC CATH LAB	4, 700, 108		4, 700, 1		4, 700, 108	
7.00 05700 CT SCAN	2, 333, 672		2, 333, 6		2, 333, 672	
8.00 05800 MRI	753, 782		753, 7		753, 782	
0.00 06000 LABORATORY	13, 690, 407		13, 690, 4		13, 690, 407	
5. 00 06500 RESPIRATORY THERAPY	4, 387, 634	0			4, 387, 634	
6. 00 06600 PHYSI CAL THERAPY 7. 00 06700 0CCUPATI ONAL THERAPY	8, 442, 306 3, 027, 289	0			8, 442, 306 3, 027, 289	
07. 00 06700 OCCUPATI ONAL THERAPY 08. 00 06800 SPEECH PATHOLOGY	1, 130, 973	0	1, 130, 9		1, 130, 973	•
9. 00 06900 ELECTROCARDI OLOGY	4, 453, 217	0	4, 453, 2	-	4, 453, 217	
0.00 07000 ELECTROENCEPHALOGRAPHY	2, 097, 350		2,097,3		2, 097, 350	
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	16, 071, 092		16, 071, 0		16, 071, 092	
2.00 07200 I MPL. DEV. CHARGED TO PATIENTS	24, 291, 108		24, 291, 1		24, 291, 108	
3.00 07300 DRUGS CHARGED TO PATIENTS	16, 693, 653		16, 693, 6		16, 693, 653	
3. 01 07301 DI ABETES CENTER	651,056		651, 0		651,056	
4. 00 07400 RENAL DIALYSIS	1, 297, 583		1, 297, 5		1, 297, 583	
6. 98 07698 HYPERBARI C OXYGEN THERAPY	548, 698		548, 6	98 0	548, 698	76.9
OUTPATIENT SERVICE COST CENTERS						
0. 00 09000 CLINIC	1, 322, 919		1, 322, 9	19 0	1, 322, 919	90.0
1. 00 09100 EMERGENCY	17, 830, 613		17, 830, 6		17, 830, 613	91.0
01.01 04950 WOUND CARE	4, 083, 701		4, 083, 7	01 0	4, 083, 701	
2.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.0
2.01 09201 OBSERVATION BEDS (DISTINCT PART)	4, 188, 162		4, 188, 1	62 0	4, 188, 162	92.0
OTHER REIMBURSABLE COST CENTERS						
5.00 09500 AMBULANCE SERVICES	5, 848, 432		5, 848, 4		5, 848, 432	•
01.00 10100 HOME HEALTH AGENCY	10, 279, 096		10, 279, 0	96	10, 279, 096	1101.00
SPECIAL PURPOSE COST CENTERS	1		1			140.0
13. 00 11300 I NTEREST EXPENSE	1 101 001				/ 104 007	113.0
16.00 11600 HOSPI CE	6, 401, 036	~	6, 401, 0		6, 401, 036	
200.00 Subtotal (see instructions)	261, 050, 235	0	261, 050, 2		261, 050, 235	
201.00 Less Observation Beds	261 050 225	0	261 050 2	0 35 0		201.00
02.00  Total (see instructions)	261, 050, 235	0	261, 050, 2	50 0	261, 050, 235	1202. U

COMPUTATI	ON OF RATIO OF COSTS TO CHARGES	UTATION OF RAITO OF COSIS TO CHARGES		Provider CCN: 15-0109		Worksheet C Part I Date/Time Pre 5/30/2019 2:3	pared: 9 pm
				e XIX	Hospi tal	Cost	
	Cost Center Description	I npati ent	Charges Outpati ent	Total (col. + col. 7)	6 Cost or Other Ratio	TEFRA I npati ent Rati o	
		6.00	7.00	8.00	9.00	10.00	
I NE	PATIENT ROUTINE SERVICE COST CENTERS						
30.00 030	000 ADULTS & PEDIATRICS	63, 219, 922		63, 219, 92	22		30.00
31.00 03	100 INTENSIVE CARE UNIT	16, 897, 974		16, 897, 9	74		31.00
35.00 020	060 NEONATAL INTENSIVE CARE UNIT	16, 498, 498		16, 498, 49	98		35.00
41.00 04	100 SUBPROVIDER - IRF	6, 275, 223		6, 275, 22	23		41.00
43.00 043	300 NURSERY	3, 857, 265		3, 857, 20	55		43.00
	CILLARY SERVICE COST CENTERS						
	000 OPERATING ROOM	90, 767, 256	78, 873, 542			0.00000	
	100 RECOVERY ROOM	6, 546, 511	7, 654, 348			0.00000	
	200 DELIVERY ROOM & LABOR ROOM	22, 506, 830	686, 111	23, 192, 94		0.00000	52.00
54.00 054	400 RADI OLOGY-DI AGNOSTI C	16, 473, 255	71, 054, 995	87, 528, 25	0. 168386	0.00000	54.00
	630 RADI OLOGY-THERAPEUTI C	2, 368, 963	9, 555, 224	11, 924, 18		0.00000	55.00
	600 RADI OI SOTOPE	0	0		0 0.000000	0.00000	56.00
	950 CARDI AC CATH LAB	20, 781, 057	24, 568, 265	45, 349, 32	0. 103642	0.00000	56.0
57.00 05	700 CT SCAN	19, 596, 211	54, 512, 878	74, 109, 08	0. 031490	0.00000	57.00
58.00 058	800 MRI	4, 277, 652	10, 298, 093	14, 575, 74	45 0.051715	0.00000	58.00
60.00 060	000 LABORATORY	58, 588, 511	78, 521, 951	137, 110, 40	0. 099849	0.00000	60.00
65.00 06!	500 RESPI RATORY THERAPY	12, 819, 662	2, 360, 615	15, 180, 2	0. 289035	0.000000	65.00
66.00 06	600 PHYSI CAL THERAPY	7, 666, 959	11, 545, 123	19, 212, 08	0. 439427	0.00000	66.00
67.00 06 <sup>°</sup>	700 OCCUPATI ONAL THERAPY	7, 488, 686	4, 192, 500	11, 681, 18	0. 259159	0.00000	67.00
68.00 068	800 SPEECH PATHOLOGY	1, 362, 014	1, 874, 448	3, 236, 40	0. 349447	0.00000	68.00
69.00 06	900 ELECTROCARDI OLOGY	10, 579, 740	20, 447, 137	31, 026, 8	0. 143528	0.00000	69.00
70.00 070	000 ELECTROENCEPHALOGRAPHY	1, 100, 124	5, 012, 029	6, 112, 15	53 0. 343144	0.000000	70.00
71.00 07	100 MEDICAL SUPPLIES CHARGED TO PATIENT	69, 714, 394	52, 584, 948	122, 299, 34	0. 131408	0.000000	71.00
72.00 07:	200 IMPL. DEV. CHARGED TO PATIENTS	79, 337, 311	26, 115, 353	105, 452, 60	0. 230351	0.000000	72.00
73.00 073	300 DRUGS CHARGED TO PATIENTS	62, 089, 538	76, 648, 395	138, 737, 93	0. 120325	0.000000	73.00
73.01 07:	301 DI ABETES CENTER	456	30, 193	30, 64	19 21.242324	0.000000	73.0
74.00 074	400 RENAL DIALYSIS	2, 135, 836	1, 047, 680	3, 183, 5 <sup>-</sup>	0. 407594	0.000000	74.00
76. 98 070	698 HYPERBARI C OXYGEN THERAPY	5, 040	460, 196	465, 23	36 1. 179397	0.000000	76.98
OU	TPATIENT SERVICE COST CENTERS	· ·					
90.00 090	000 CLINIC	0	802, 559	802, 5	59 1. 648376	0.00000	90.00
91.00 09	100 EMERGENCY	13, 904, 955	74, 740, 473	88, 645, 42	0. 201145	0.000000	91.00
91.01 04	950 WOUND CARE	55, 721	6, 514, 041	6, 569, 76	0. 621590	0.000000	91.01
92.00 092	200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	)	0 0.000000	0.000000	92.00
92.01 09:	201 OBSERVATION BEDS (DISTINCT PART)	1, 771, 230	11, 131, 268	12, 902, 49	0. 324601	0.000000	92.01
OTH	HER REIMBURSABLE COST CENTERS						
	500 AMBULANCE SERVI CES	0	13, 404, 215	13, 404, 2	0. 436313	0. 000000	95.00
101.00 10	100 HOME HEALTH AGENCY	0	9, 836, 902	9, 836, 90	)2		101.00
	ECIAL PURPOSE COST CENTERS						
113.00113	300 INTEREST EXPENSE						113.00
116.00 110	600 HOSPI CE	0	20, 256, 748	20, 256, 74	18		116.00
200.00	Subtotal (see instructions)	618, 686, 794	674, 730, 230	1, 293, 417, 02	24		200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	618, 686, 794	674, 730, 230	1, 293, 417, 02	24		202.00

Health Financial Systems	FRANCI SCAN HEALT			u of Form CMS-	-2552-1
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Pre 5/30/2019 2:3	
		Title XIX	Hospi tal	Cost	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDIATRICS					30.00
31. 00 03100 I NTENSI VE CARE UNI T					31.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT					35.0
41. 00 04100 SUBPROVI DER – I RF					41.0
43. 00 04300 NURSERY					43.0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0. 000000				50.00
51.00 05100 RECOVERY ROOM	0.000000				51.0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000				52.0
54.00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000				54.0
55. 00 03630 RADI OLOGY-THERAPEUTI C	0. 000000				55.0
56. 00 05600 RADI 0I SOTOPE	0.000000				56.0
56. 01 03950 CARDI AC CATH LAB	0.000000				56.0
57. 00 05700 CT SCAN	0. 000000				57.0
58. 00 05800 MRI	0. 000000				58.0
60. 00 06000 LABORATORY	0. 000000				60.0
65. 00 06500 RESPIRATORY THERAPY	0. 000000				65.0
66. 00 06600 PHYSI CAL THERAPY	0. 000000				66.0
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000				67.0
68. 00 06800 SPEECH PATHOLOGY	0. 000000				68.0
69. 00 06900 ELECTROCARDI OLOGY	0. 000000				69.0
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000				70.0
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000				71.0
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000				72.0
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 000000				73.0
73. 01 07301 DI ABETES CENTER	0. 000000				73.0
74. 00 07400 RENAL DIALYSIS	0. 000000				74.0
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0. 000000				76.9
	0.000000				/0.9
	0,000000				
	0. 000000				90.0
91. 00 09100 EMERGENCY	0. 000000				91.0
91.01 04950 WOUND CARE	0. 000000				91.0
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000				92.0
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0. 000000				92.0
OTHER REIMBURSABLE COST CENTERS	0.0005				
95. 00 09500 AMBULANCE SERVICES	0. 000000				95.00
101.00 10100 HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS	1 1				
113.00 11300 INTEREST EXPENSE					113.00
116. 00 11600 HOSPI CE					116. 0
200.00 Subtotal (see instructions)					200. 00
201.00 Less Observation Beds					201.00
202.00 Total (see instructions)					202.00

Health Financial Systems	FRANCI SCAN HEA			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider C		Period: From 01/01/2018 To 12/31/2018		pared: 9 pm
		Title	e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3.00	4.00	5.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1	-	-1	-	
30. 00 ADULTS & PEDIATRICS	6, 937, 188	0	6, 937, 18	8 34, 271	202.42	30.00
31.00 INTENSIVE CARE UNIT	851, 468		851,46			
35.00 NEONATAL INTENSIVE CARE UNIT	488, 953		488, 95	3 3, 176	153.95	35.00
41. 00 SUBPROVIDER – IRF	915, 641	0	915, 64	1 3, 696	247.74	41.00
43. 00 NURSERY	36, 138		36, 13	8 3, 243	11.14	43.00
200.00 Total (lines 30 through 199)	9, 229, 388		9, 229, 38	8 48, 712		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)	-			
	6.00	7.00			-	
INPATIENT ROUTINE SERVICE COST CENTERS		1	1			
30. 00 ADULTS & PEDIATRICS	15, 318		•			30.00
31.00 INTENSIVE CARE UNIT	2, 240		1			31.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35.00
41.00 SUBPROVIDER - IRF	1, 905					41.00
43.00 NURSERY	0	-				43.00
200.00 Total (lines 30 through 199)	19, 463	4, 013, 514				200.00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	L COSTS	Provider C	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II	pared:
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos		Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	, (column 3 x	
	(from Wkst. B,		(col. 1 ÷ col		column 4)	
	Part II, col.	8)	2)	Ŭ	,	
	26)	,	, ,			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	1, 972, 549	169, 640, 798	0. 01162	8 38, 473, 187	447, 366	50.00
51.00 05100 RECOVERY ROOM	172, 260	14, 200, 859	0. 01213	2, 716, 226	32, 948	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	161, 144	23, 192, 941	0.00694		135	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 688, 170	87, 528, 250	0. 01928		165, 949	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C	93, 163	11, 924, 187	0.0078	3 1,064,570	8, 317	
56. 00 05600 RADI 0I SOTOPE	29, 982	0	0.0000		0	56.00
56. 01 03950 CARDI AC CATH LAB	551, 653	45, 349, 322			84, 555	
57. 00 05700 CT SCAN	267, 190				34, 648	
58. 00 05800 MRI	82, 104	14, 575, 745			11,057	
60. 00 06000 LABORATORY	1, 057, 713	137, 110, 462			206, 744	
65. 00 06500 RESPIRATORY THERAPY	138, 343	15, 180, 277	0.0091		61, 103	
66. 00 06600 PHYSI CAL THERAPY	791, 647	19, 212, 082			98, 922	
67. 00 06700 OCCUPATI ONAL THERAPY	334, 379				54, 253	
68. 00 06800 SPEECH PATHOLOGY	167, 261	3, 236, 462			19, 479	
69. 00 06900 ELECTROCARDI OLOGY	669, 407	31, 026, 877	0. 02157		116, 622	
70. 00 07000 ELECTROENCEPHALOGRAPHY	428, 724	6, 112, 153			31, 591	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	644, 827	122, 299, 342			169, 029	
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	960, 045	105, 452, 664			368, 074	
73. 00 07300 DRUGS CHARGED TO PATIENTS	653, 146	138, 737, 933			131, 169	
73. 01 07301 DI ABETES CENTER	14, 548	30, 649			92	
74. 00 07400 RENAL DI ALYSI S	163, 964				66, 389	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	271,053	465, 236			2, 936	
OUTPATIENT SERVICE COST CENTERS	271,000	403, 230	0.3020	3,040	2,730	/0. /0
90. 00 09000 CLINIC	27, 618	802, 559	0. 0344	2 0	0	90.00
91. 00 09100 EMERGENCY	2,040,905	88, 645, 428			160, 024	
91. 01 04950 WOUND CARE	865,076	6, 569, 762			6, 919	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	000,070	0,007,702	0. 00000		0, 717	92.00
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART 92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	466, 011	12, 902, 498			34, 413	
OTHER REIMBURSABLE COST CENTERS	400,011	12, 702, 490	0.0301	J 7JZ, 794	54, 415	1 12.01
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	14, 712, 882	1, 143, 170, 277		223, 033, 639	2, 312, 734	

Health Financial Systems	FRANCI SCAN HEAI	LTH LAFAYETTE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHE	ER PASS THROUGH COS			Period: From 01/01/2018 Fo 12/31/2018	Date/Time Pre 5/30/2019 2:3	pared: 9 pm
			XVIII	Hospi tal	PPS	
Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments		All Other Medical Education Cost	
	1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS			1			
30. 00         03000         ADULTS & PEDI ATRI CS           31. 00         03100         I NTENSI VE CARE UNI T	0	4, 555, 465 0		°	0	31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY	0				0	41.00
200.00 Total (lines 30 through 199)	0	4, 555, 465			Ű	200.00
Cost Center Description	Swing-Bed Adjustment	Total Costs (sum of cols.		Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	200.00
	Amount (see instructions) 4.00	1 through 3, minus col. 4) 5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00         03000         ADULTS         & PEDI ATRI CS           31.00         03100         I NTENSI VE CARE UNI T	0	4, 555, 465 0	4, 32	0.00	2, 240	31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 41. 00 04100 SUBPROVIDER - IRF 43. 00 04300 NURSERY	0		3, 17 3, 69 3, 24	0.00	1, 905	41.00
200.00 Total (lines 30 through 199)		4, 555, 465	48, 71	2	19, 463	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 31. 00 03100 INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT	2, 036, 069 0 0					30.00 31.00 35.00
41.00 04100 SUBPROVIDER - IRF 43.00 04300 NURSERY	0					41.00 43.00
200.00   Total (lines 30 through 199)	2, 036, 069					200.00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	VICE OTHER PASS	S Provider C	CN: 15-0109	Period: From 01/01/2018		
				To 12/31/2018	Date/Time Pre 5/30/2019 2:3	pared: 9 pm
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Non Physician	Nursing School	Nursing Scho	ol Allied Health	Allied Health	
	Anestheti st	Post-Stepdown	-	Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0		0 0	0	
51.00 05100 RECOVERY ROOM	0	0		0 0	0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 0	0	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C	0	0		0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0	0		0 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	0	0		0 0	0	56.01
57.00 05700 CT SCAN	0	0		0 0	0	57.00
58. 00 05800 MRI	0	0		0 0	0	58.00
60. 00 06000 LABORATORY	0	0		0 0	0	60.00
65. 00 06500 RESPI RATORY THERAPY	0	0		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0	0	1	0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0	1	0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1	0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0	1	0 0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1	0 0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1	0 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	1	0 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1	0 0	457, 985	73.00
73. 01 07301 DI ABETES CENTER	0	0	1	0 0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0 0	0	74.00
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS	· · · · · ·					1
90. 00 09000 CLI NI C	0	0		0 0	0	90.00
91. 00 09100 EMERGENCY	0	0		0 0	846, 890	91.00
91.01 04950 WOUND CARE	0	0		0 0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0			0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS						1
95. 00 09500 AMBULANCE SERVI CES						95.00
200.00 Total (lines 50 through 199)	0	0		0 0	1, 304, 875	200. 00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SER THROUGH COSTS	RVICE OTHER PASS	S Provider C		Period: From 01/01/2018 To 12/31/2018		epared:
		Title	XVIII	Hospi tal	PPS	7 piii
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost		Cost (sum of		$(col. 5 \div col.$	
		4)	col s. 2, 3,	8)	7)	
			and 4)		,	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0	0		0 169, 640, 798	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0		0 14, 200, 859	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 23, 192, 941	0.000000	52.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 87, 528, 250	0.000000	
55. 00 03630 RADI OLOGY-THERAPEUTI C	0	0		0 11, 924, 187		
56. 00 05600 RADI OI SOTOPE	0	0		0 0		
56. 01 03950 CARDI AC CATH LAB	0	0		0 45, 349, 322		
57.00 05700 CT SCAN	0	0		0 74, 109, 089		
58. 00 05800 MRI	0	0		0 14, 575, 745	0.000000	58.00
60. 00 06000 LABORATORY	0	0		0 137, 110, 462		
65. 00 06500 RESPI RATORY THERAPY	0	0		0 15, 180, 277		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 19, 212, 082	0.000000	
67.00 06700 OCCUPATIONAL THERAPY	0	0		0 11, 681, 186	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0 3, 236, 462	0.000000	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 31, 026, 877		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 6, 112, 153	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 122, 299, 342	0.000000	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	0		0 105, 452, 664		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	457, 985	457, 98			
73. 01 07301 DI ABETES CENTER	0	0		0 30, 649		
74.00 07400 RENAL DIALYSIS	0	0		0 3, 183, 516	0.000000	
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 465, 236	0.00000	76.98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	0		0 802, 559		
91. 00 09100 EMERGENCY	0	846, 890	846, 89			
91.01 04950 WOUND CARE	0	0		0 6, 569, 762		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	0. 000000	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 12, 902, 498	0.00000	92.01
OTHER REIMBURSABLE COST CENTERS					1	
95. 00 09500 AMBULANCE SERVICES						95.00
200.00   Total (lines 50 through 199)	0	1, 304, 875	1, 304, 87	5 1, 143, 170, 277		200.00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	Provider C	CN: 15-0109	Period:	Worksheet D	
THROUGH COSTS				From 01/01/2018 To 12/31/2018		nored.
				10 12/31/2018	Date/Time Pre 5/30/2019 2:3	9 nm
		Title	XVIII	Hospi tal	PPS	7 pm
Cost Center Description	Outpati ent	Inpatient	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through		Pass-Through	
	(col. 6 ÷ col.	J	Costs (col.		Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS	- L L					
50. 00 05000 OPERATI NG ROOM	0.000000	38, 473, 187		0 17, 905, 804	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	2, 716, 226		0 1, 746, 874	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	19, 420		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0, 000000	8, 604, 181		0 14, 670, 025	l o	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C	0.000000	1,064,570		0 1, 591, 120	0	55.00
56. 00 05600 RADI OI SOTOPE	0.000000	0		0 0	0	
56. 01 03950 CARDI AC CATH LAB	0. 000000	6, 950, 669		0 7, 812, 667	0	
57. 00 05700 CT SCAN	0. 000000	9, 611, 159		0 14, 736, 616	0	
58. 00 05800 MRI	0. 000000	1, 962, 866		0 2, 956, 106		
60, 00 06000 LABORATORY	0, 000000	26, 801, 094		0 15, 093, 745		
65. 00 06500 RESPIRATORY THERAPY	0, 000000	6, 704, 984		0 902, 154		
66. 00 06600 PHYSI CAL THERAPY	0. 000000	2, 400, 679		0 533, 829		
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 895, 295		0 74, 509		1
68. 00 06800 SPEECH PATHOLOGY	0. 000000	376, 919		0 8, 259		
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	5, 405, 445		0 7, 709, 676	0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	450, 381		0 1, 426, 656	-	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 000000	32, 055, 636		0 16, 725, 118		
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	40, 429, 943		0 12, 774, 173		
73. 00 07300 DRUGS CHARGED TO PATIENTS	0.003301	27, 860, 809				
73. 01 07301 DI ABETES CENTER	0. 000000	193		0 1, 495		1
74. 00 07400 RENAL DI ALYSI S	0.000000	1, 289, 004		0 96, 926		1
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	5, 040		0 220, 068		
OUTPATIENT SERVICE COST CENTERS	0.000000	5, 040		220,000	0	/0.70
90. 00 09000 CLINIC	0. 000000	0		0 0	0	90.00
91. 00 09100 EMERGENCY	0.009554	6, 950, 601	66, 40	-	-	
91. 01 04950 WOUND CARE	0. 000000	52, 544	00,40	0 3, 755, 903	0	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	52, 544 Λ		0 3,733,703	0	1
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT FART)	0.000000	952, 794		0 2, 340, 750	-	
OTHER REIMBURSABLE COST CENTERS	0.000000	752, 774	1	2, 340, 730	0	/2.01
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		223, 033, 639	158, 37	168, 748, 794	238, 698	
	1 1	220,000,007	1 100, 01	100, 140, 174	200,070	1200.00

	FRANCISCAN HEA	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider C	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
					5/30/2019 2:3	9 pm
		Title	XVIII	Hospi tal	PPS	
			Charges		Costs	
Cost Center Description		PPS Reimbursed		Cost	PPS Services	
	Ratio From	Services (see	Rei mbursed	Reimbursed	(see inst.)	
	Worksheet C,	inst.)	Servi ces	Services Not		
	Part I, col. 9		Subject To			
			Ded. & Coins			
	1.00	2.00	(see inst.) 3.00	(see inst.) 4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	5.00	
50. 00 05000 OPERATI NG ROOM	0. 089363	17, 905, 804		0 0	1, 600, 116	50,00
51. 00 05100 RECOVERY ROOM	0. 109386			0 0	191, 084	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 283572			0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 168386			0 0	2, 470, 227	•
55. 00 03630 RADI OLOGY - THERAPEUTI C	0. 097296			0 0	2, 470, 227 154, 810	
56. 00 05600 RADI 01 SOTOPE	0. 000000			0 0	154, 810	56.00
56. 01 03950 CARDI AC CATH LAB	0. 103642				809, 720	56.00
57. 00 05700 CT SCAN	0. 103642				464, 056	
58. 00 05800 MRI	0. 031490				152, 875	•
60. 00 06000 LABORATORY	0. 099849			0 0	1, 507, 095	
65. 00 06500 RESPI RATORY THERAPY	0. 289035			0 0	260, 754	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 289035			0 0	234, 579	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 259159			0 0	19, 310	
68. 00 06800 SPEECH PATHOLOGY	0. 349447			0 0	2, 886	
69. 00 06900 ELECTROCARDI OLOGY	0. 143528			0 0	1, 106, 554	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 343144			0 0	489, 548	•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 131408			0 0	2, 197, 814	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 230351			0 0	2, 197, 814 2, 942, 544	
73. 00 07200 DRUGS CHARGED TO PATIENTS	0. 120325			0 129, 646		
73. 01 07301 DIABETES CENTER	21. 242324			0 129,040	3, 802, 344	73.00
74. 00 07400 RENAL DI ALYSI S	0. 407594			0 0	39, 506	•
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1. 179397			0 0	259, 548	
OUTPATIENT SERVICE COST CENTERS	1. 177377	220,000		0 0	237, 340	70.70
90. 00 09000 CLINIC	1. 648376	0		0 0	0	90.00
91. 00 09100 EMERGENCY	0. 201145			0 0		91.00
91. 01 04950 WOUND CARE	0. 621590			0 0	2, 334, 632	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000			0 0	2, 334, 032	92.00
92. 01 09201 OBSERVATION BEDS (NON DISTINCT PART)	0. 324601			0 0	-	
OTHER REIMBURSABLE COST CENTERS	0. 324001	2, 340, 730		0 0	737,010	72.01
95. 00 09500 AMBULANCE SERVICES	0. 436313			0		95.00
200.00 Subtotal (see instructions)	0. 100010	168, 748, 794		0 129, 646	24, 660, 815	
201.00 Less PBP Clinic Lab. Services-Program		100, 740, 794		0 127,040		200.00
Only Charges				0		201.00
202.00 Net Charges (line 200 - line 201)		168, 748, 794		0 129, 646	24, 660, 815	202.00

PPORTIUNIME					Devel e d		
	ENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider CC	IN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Pr 5/30/2019 2:	
			Title	XVIII	Hospi tal	PPS	
		Cos	ts		· · · · ·		
	Cost Center Description	Cost	Cost				
		Reimbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
			Ded. & Coins.				
		(see inst.)	(see inst.)				
		6.00	7.00				_
	LLARY SERVICE COST CENTERS						
	00 OPERATING ROOM	0	0				50. C
	00 RECOVERY ROOM	0	0				51. C
	DO DELIVERY ROOM & LABOR ROOM	0	0				52.0
	00 RADI OLOGY-DI AGNOSTI C	0	0				54.0
	80 RADI OLOGY-THERAPEUTI C	0	0				55.0
	00 RADI OI SOTOPE	0	0				56. (
	50 CARDIAC CATH LAB	0	0				56.
	DO CT SCAN	0	0				57.
	DO MRI	0	0				58.
	DO LABORATORY	0	0				60. (
	00 RESPI RATORY THERAPY	0	0				65.0
	00 PHYSI CAL THERAPY	0	0				66. (
	00 OCCUPATIONAL THERAPY	0	0				67.
	00 SPEECH PATHOLOGY	0	0				68.
	00 ELECTROCARDI OLOGY	0	0				69.
	00 ELECTROENCEPHALOGRAPHY	0	0				70.
	00 MEDI CAL SUPPLI ES CHARGED TO PATI ENT	0	0				71.
	00 I MPL. DEV. CHARGED TO PATIENTS	0	0				72.
	DO DRUGS CHARGED TO PATIENTS	0	15, 600				73.
	DI ABETES CENTER	0	0				73.
	00 RENAL DIALYSIS	0	0				74.
	28 HYPERBARI C OXYGEN THERAPY	0	0				76.
	ATTENT SERVICE COST CENTERS		0				
		0	0				90.
		0	0				91.
	O WOUND CARE	0	0				91.
	00 OBSERVATION BEDS (NON-DISTINCT PART		0				92.
	1 OBSERVATION BEDS (DISTINCT PART)	0	0				92.
	00 AMBULANCE SERVICES						05
		0	15 (00				95.
00.00	Subtotal (see instructions)	0	15, 600				200.
01.00	Less PBP Clinic Lab. Services-Program Only Charges	0					201.

Health Financial Systems	FRANCI SCAN HEAI	TH_LAFAYETTE		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT/	AL COSTS	Provider C	CN: 15-0109 CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Pre	pared <sup>.</sup>
		•			5/30/2019 2:3	
		Title	e XVIII	Subprovider -	PPS	
Cast Castas Description	Carrital	Tatal Characa		I RF t Inpatient	Capital Costs	
Cost Center Description	Capital Related Cost	Total Charges (from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,		(col. 1 ÷ col		column 4)	
	Part II, col.		2)	. charges	COTUINIT 4)	
	26)	6)	2)			
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	0.00	1.00	0.00	
50. 00 05000 OPERATING ROOM	1, 972, 549	169, 640, 798	0.0116	28 1, 591	19	50.00
51.00 05100 RECOVERY ROOM	172, 260				0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	161, 144				0	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 688, 170					
55. 00 03630 RADI OLOGY - THERAPEUTI C	93, 163				117	•
56. 00 05600 RADI OI SOTOPE	29, 982				0	•
56. 01 03950 CARDI AC CATH LAB	551,653				0	
57. 00 05700 CT SCAN	267, 190				382	
58. 00 05800 MRI	82, 104				75	
60. 00 06000 LABORATORY	1,057,713				4, 605	
65. 00 06500 RESPIRATORY THERAPY	138, 343					
66. 00 06600 PHYSI CAL THERAPY	791, 647					
67.00 06700 OCCUPATI ONAL THERAPY	334, 379				42,016	
68.00 06800 SPEECH PATHOLOGY	167, 261				17, 784	
69.00 06900 ELECTROCARDI OLOGY	669, 407				388	
70.00 07000 ELECTROENCEPHALOGRAPHY	428, 724				0	•
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	644, 827				1, 712	•
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	960, 045	105, 452, 664	0.0091	4, 057	37	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	653, 146				2, 413	73.00
73. 01 07301 DI ABETES CENTER	14, 548				0	73.01
74.00 07400 RENAL DIALYSIS	163, 964	3, 183, 516	0.05150	38, 676	1, 992	74.00
76. 98 07698 HYPERBARI C OXYGEN THERAPY	271,053				0	76.98
OUTPATIENT SERVICE COST CENTERS			•			1
90. 00 09000 CLINIC	27, 618	802, 559	0. 0344	12 0	0	90.00
91.00 09100 EMERGENCY	2, 040, 905	88, 645, 428	0. 02302	23 6, 465	149	91.00
91.01 04950 WOUND CARE	865,076	6, 569, 762	0. 1316	75 0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	466, 011	12, 902, 498	0. 0361	18 0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95.00
200.00   Total (lines 50 through 199)	14, 712, 882	1, 143, 170, 277	l	5, 023, 576	131, 228	200.00

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEF THROUGH COSTS	RVICE OTHER PASS	Provider C Component	CN: 15-0109 CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Pre 5/30/2019 2:3	
		Title	e XVIII	Subprovider - IRF	PPS	<u> 7 piii</u>
Cost Center Description			Nursing Scho	ol Allied Health	Allied Health	
		Post-Stepdown		Post-Stepdown		
	Cost	Adjustments		Adjustments		
	1.00	2A	2.00	3A	3.00	
ANCI LLARY SERVI CE COST CENTERS			1	<u> </u>		
50. 00 05000 OPERATING ROOM	0	C		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0	C		0 0	0	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	C		0 0	0	
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	C		0 0	0	54.00
55.00 03630 RADI OLOGY-THERAPEUTI C	0	C		0 0	0	55.00
56. 00 05600 RADI OI SOTOPE	0	C		0 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	0	C		0 0	0	56.01
57.00 05700 CT SCAN	0	C		0 0	0	57.00
58.00 05800 MRI	0	C		0 0	0	58.00
60. 00 06000 LABORATORY	0	C		0 0	0	60.00
65. 00 06500 RESPI RATORY THERAPY	0	C		0 0	0	65.00
66.00 06600 PHYSI CAL THERAPY	0	C		0 0	0	66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	C		0 0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	C		0 0	0	68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0 0	0	69.00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C		0 0	0	70.00
71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENT	0	C		0 0	0	71.00
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS	0	C		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C		0 0	457, 985	
73. 01 07301 DI ABETES CENTER	0	C		0 0	0	
74.00 07400 RENAL DIALYSIS	0	C		0 0	0	74.00
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	С		0 0	0	76. 98
OUTPATIENT SERVICE COST CENTERS			1	-	-	
90. 00 09000 CLINIC	0	C		0 0	0	
91.00 09100 EMERGENCY	0	C		0 0	846, 890	
91.01 04950 WOUND CARE	0	C		0 0	0	91.01
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	-		U	0	92.00
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0		1	0 0	0	92.01
OTHER REIMBURSABLE COST CENTERS	T T		1			05.00
95.00 09500 AMBULANCE SERVICES	0	C		0	1 204 075	95.00
200.00   Total (lines 50 through 199)	U U	Ĺ	1	0 0	1, 304, 875	1200. OU

Health Financial Systems	FRANCI SCAN HEAI	LTH LAFAYETTE		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE	RVICE OTHER PASS	S Provider C	CN: 15-0109	Peri od:	Worksheet D	
THROUGH COSTS		Composit	20N 15 T100	From 01/01/2018	Part IV	
		Component	CCN: 15-T109	To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
		Title	XVIII	Subprovider -	PPS	
				I RF		
Cost Center Description	All Other	Total Cost	Total	Total Charges		
	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,		
	Education Cost	1, 2, 3, and	Cost (sum of		(col. 5 ÷ col.	
		4)	col s. 2, 3,	8)	7)	
			and 4)			
	4.00	5.00	6.00	7.00	8.00	
ANCI LLARY SERVI CE COST CENTERS						_
50.00 05000 OPERATI NG ROOM	0	-		0 169, 640, 798		
51.00 05100 RECOVERY ROOM	0	0		0 14, 200, 859		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0 23, 192, 941		
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0	0		0 87, 528, 250		
55. 00 03630 RADI OLOGY-THERAPEUTI C	0	0		0 11, 924, 187		
56. 00 05600 RADI OI SOTOPE	0	0		0 0		
56. 01 03950 CARDI AC CATH LAB	0	0		0 45, 349, 322		
57.00 05700 CT SCAN	0	0		0 74, 109, 089		
58. 00 05800 MRI	0	0		0 14, 575, 745		
60. 00 06000 LABORATORY	0	0		0 137, 110, 462	0.00000	
65. 00 06500 RESPI RATORY THERAPY	0	0		0 15, 180, 277		
66. 00 06600 PHYSI CAL THERAPY	0	0		0 19, 212, 082		
67.00 06700 OCCUPATI ONAL THERAPY	0	0		0 11, 681, 186	0.00000	
68.00 06800 SPEECH PATHOLOGY	0	0		0 3, 236, 462		
69. 00 06900 ELECTROCARDI OLOGY	0	0		0 31, 026, 877	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0 6, 112, 153	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 122, 299, 342	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0 105, 452, 664	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	457, 985	457, 98	35 138, 737, 933	0.003301	73.00
73. 01 07301 DI ABETES CENTER	0	0		0 30, 649	0.000000	73.01
74.00 07400 RENAL DI ALYSI S	0	0		0 3, 183, 516	0.000000	74.00
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0	0		0 465, 236	0.00000	76.98
OUTPATIENT SERVICE COST CENTERS			_			
90. 00 09000 CLINIC	0	0		0 802, 559	0.00000	90.00
91.00 09100 EMERGENCY	0	846, 890	846, 89	88, 645, 428	0. 009554	91.00
91. 01 04950 WOUND CARE	0	0		0 6, 569, 762	0. 000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		0 0	0. 000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0 12, 902, 498	0. 000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	1, 304, 875	1, 304, 87	75 1, 143, 170, 277		200. 00

Health Financial Systems	FRANCI SCAN HEALT			In Li€	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEI	RVICE OTHER PASS	Provider C	CN: 15-0109	Period:	Worksheet D	
THROUGH COSTS		Component	CCN: 15-T109	From 01/01/2018 To 12/31/2018	Part IV Date/Time Pre	narod
		component (	JCN: 15-1109	10 12/31/2018	5/30/2019 2:3	9 nm
		Title	XVIII	Subprovider -	PPS	7 pin
				I RF		
Cost Center Description	Outpati ent	Inpati ent	I npati ent	Outpati ent	Outpati ent	
	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Throug	n Charges	Pass-Through	
	(col. 6 ÷ col.		Costs (col.	8	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCI LLARY SERVI CE COST CENTERS						
50. 00 05000 OPERATI NG ROOM	0. 000000	1, 591		0 0	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	0		0 0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	0		0 0	0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	56, 131		0 0	0	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C	0.000000	14, 931		0 0	0	55.00
56. 00 05600 RADI 0I SOTOPE	0. 000000	0		0 0	0	56.00
56. 01 03950 CARDI AC CATH LAB	0.000000	0		0 0	0	56.01
57. 00 05700 CT SCAN	0,000000	105, 832		0 0	0	57.00
58. 00 05800 MRI	0.000000	13, 303		0 0	0	
60. 00 06000 LABORATORY	0. 000000	597,027			0	
65. 00 06500 RESPI RATORY THERAPY	0. 000000	128, 089		0 0	0	65.00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	1, 390, 310		0 0	0	
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	1, 467, 811		0	0	67.00
68. 00 06800 SPEECH PATHOLOGY	0.000000	344, 116				68.00
69. 00 06900 ELECTROCARDI OLOGY	0.000000	17, 997			0	
		17, 997			-	
70. 00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0		0	0	1
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENT	0.000000	324, 761		0 0	0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.00000	4,057		0 0	0	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.003301	512, 479	1, 6		0	
73. 01 07301 DI ABETES CENTER	0.00000	0		0 0	0	
74.00 07400 RENAL DIALYSIS	0. 000000	38, 676		0 0		
76. 98 07698 HYPERBARI C OXYGEN THERAPY	0.000000	0		0 0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0. 000000	0		0 0		
91.00 09100 EMERGENCY	0. 009554	6, 465		62 0	-	91.00
91.01 04950 WOUND CARE	0. 000000	0		0 0	0	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0. 000000	0		0 0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0		0 0	0	92. 01
OTHER REIMBURSABLE COST CENTERS					1	
95. 00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)		5,023,576	1, 7	54 0	0	200.00

	FRANCI SCAN HEA	LTH_LAFAYETTE		In Lie	u of Form CMS-	2552-10
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provider C	CN: 15-0109	Peri od: From 01/01/2018 To 12/31/2018	Date/Time Pre	
		T: +1	e XIX	Hospi tal	5/30/2019 2:3	9 pm
			Charges	HOSPITAL	Cost Costs	
Cost Conton Deceription	Cost to Charge	PPS Reimbursed		Coot	PPS Services	
Cost Center Description	Ratio From		Reimbursed	Cost Reimbursed		
	Worksheet C,	Services (see inst.)	Servi ces	Services Not	(see inst.)	
	Part I, col. 9		Subject To	Subject To		
			Ded. & Coins			
			(see inst.)	(see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCI LLARY SERVI CE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
50. 00 05000 OPERATING ROOM	0. 089363	0		0 11, 364, 188	0	50.00
51.00 05100 RECOVERY ROOM	0. 109386			0 1, 188, 228		
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 283572			0 1, 100, 220	0	•
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 168386			6, 788, 159	-	
55. 00 03630 RADI OLOGY-THERAPEUTI C	0. 097296			0 3, 032, 934		
56. 00 05600 RADIOLOGI - MERALEUTIC	0. 000000			0 3,032,734	0	
56. 01 03950 CARDI AC CATH LAB	0. 103642			0 1, 723, 145		56.00
57. 00 05700 CT SCAN	0. 031490			0 12, 355, 495	-	57.00
58. 00 05800 MRI	0. 051715			0 1, 583, 563		58.00
60. 00 06000 LABORATORY	0. 099849			0 18, 599, 149		
65. 00 06500 RESPIRATORY THERAPY	0. 289035			0 462, 866		65.00
66. 00 06600 PHYSI CAL THERAPY	0. 439427	0		0 2, 295, 739	-	•
67. 00 06700 OCCUPATI ONAL THERAPY	0. 259159			0 2, 2, 3, 73, 0 977, 420		67.00
68. 00 06800 SPEECH PATHOLOGY	0. 349447	0		0 786, 087	0	
69. 00 06900 ELECTROCARDI OLOGY	0. 143528	-		0 2, 818, 719		
70. 00 07000 ELECTROEARDIOLOGI 70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 343144			0 1, 060, 142		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0. 131408					•
72. 00 07200 IMPL. DEV. CHARGED TO PATIENT	0. 230351					
73. 00 07300 DRUGS CHARGED TO PATIENTS	0. 120325	-		0 3, 647, 359 0 12, 121, 293		
73. 01 07301 DIABETES CENTER	21. 242324					
74. 00 07400 RENAL DIALYSIS	0. 407594					
76. 98 07698 HYPERBARI C OXYGEN THERAPY	1. 179397			0 856, 058 0 23, 980		
OUTPATIENT SERVICE COST CENTERS	1. 1/939/	0		0 23,960	0	/0.90
90. 00 09000 CLINIC	1. 648376	0		0 0	0	90.00
91. 00 09100 EMERGENCY	0. 201145			0 23, 610, 497		
	0. 201145				0	
	0. 821590			0 640, 784 0 0	0	
				0 2, 157, 899	0	
92. 01 09201 OBSERVATI ON BEDS (DI STI NCT PART) OTHER REI MBURSABLE COST CENTERS	0. 324601	0		0 2, 157, 899	0	92.01
95. 00 09500 AMBULANCE SERVICES	0. 436313	0	1	0		95.00
	0. 430313			-		
200.00 Subtotal (see instructions)		0		0 114, 855, 444	0	200.00
201.00 Less PBP Clinic Lab. Services-Program				0 0		201.00
Only Charges 202.00 Net Charges (line 200 - line 201)		0		0 114, 855, 444	_	202.00
202.00   met und ges (111e 200 - 111e 201)	T	1 0	1	0 114,000,444	0	202.00

PPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND	O VACCINE COST	Provider CO	CN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Pr 5/30/2019 2:	epared 39 pm
		Titl	e XIX	Hospi tal	Cost	_
	Cos					
Cost Center Description	Cost	Cost				
	Reimbursed	Reimbursed				
	Servi ces	Services Not				
	Subject To	Subject To				
	Ded. & Coins.	Ded. & Coins.				
	(see inst.)	(see inst.)				
ANCI LLARY SERVICE COST CENTERS	6.00	7.00				_
		1 015 520				50.0
0. 00 05000 OPERATING ROOM 1. 00 05100 RECOVERY ROOM	0	1, 015, 538 129, 976				50.0
2. 00 05200 DELIVERY ROOM & LABOR ROOM	0	129, 976				51.
4. 00 05200 DELIVERT ROOM & LABOR ROOM	0	-				54.0
5. 00 03400 RADI OLOGY-THERAPEUTI C	0	1, 143, 031 295, 092				55.
	0	-				
5. 00 05600 RADI OI SOTOPE	0	170 500				56.
5. 01 03950 CARDI AC CATH LAB	0	178, 590				56.
7. 00 05700 CT SCAN	0	389, 075				57.
3. 00 05800 MRI	0	81, 894				58.
	0	1,857,106				60. 65.
5. 00 06500 RESPI RATORY THERAPY 5. 00 06600 PHYSI CAL THERAPY		133, 784				
5. 00  06600  PHYSI CAL_THERAPY 7. 00  06700  0CCUPATI ONAL_THERAPY	0	1, 008, 810 253, 307				66. 67.
3. 00 068000 SPEECH PATHOLOGY	0					68.
2. 00 06900 SPEECH PATHOLOGY 2. 00 06900 ELECTROCARDI OLOGY	0	274, 696 404, 565				69.
0. 00 07000 ELECTROENCEPHALOGRAPHY	0	363, 781				70.
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	886, 563				71.
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	840, 173				72.
3. 00 07300 DRUGS CHARGED TO PATIENTS	0	1, 458, 495				73.
3. 01 07301 DI ABETES CENTER	0	320, 653				73.
4. 00 07400 RENAL DIALYSIS	0	348, 924				74.
5. 98 07698 HYPERBARI C OXYGEN THERAPY	0	28, 282				76.
OUTPATIENT SERVICE COST CENTERS	<u> </u>	20, 202	1			- /0.
0. 00 09000 CLINIC	0	0				90.
I. 00 09100 EMERGENCY	0	4, 749, 133				91.
I. 01 04950 WOUND CARE	0	398, 305				91.
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0,000				92.
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	700, 456				92.
OTHER REIMBURSABLE COST CENTERS		, , 100				
5. 00 09500 AMBULANCE SERVICES	0					95.
00.00 Subtotal (see instructions)	0	17, 260, 229				200.
01.00 Less PBP Clinic Lab. Services-Program	0	17,200,227				200.
Only Charges						2011
02.00 Net Charges (line 200 - line 201)	0	17, 260, 229				202.

	Financial Systems FRANCISCAN HEALT ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0109	Peri od:	u of Form CMS-2 Worksheet D-1	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
		Title XVIII	Hospi tal	5/30/2019 2: 30 PPS	9 pm
	Cost Center Description		nospi tui		
	PART I - ALL PROVIDER COMPONENTS			1.00	
	I NPATI ENT DAYS				
1.00 2.00	Inpatient days (including private room days and swing-bed day Inpatient days (including private room days, excluding swing			34, 271 34, 271	
3.00	Private room days (excluding swing-bed and observation bed da		rivate room days,	0 1/ 2/ 1	
4.00	do not complete this line. Semi-private room days (excluding swing-bed and observation H	hed days)		34, 271	4.00
5.00	Total swing-bed SNF type inpatient days (including private ro		er 31 of the cost	0	
6.00	reporting period Total swing-bed SNF type inpatient days (including private re	oom days) after December	31 of the cost	0	6.00
	reporting period (if calendar year, enter 0 on this line)				
7.00	Total swing-bed NF type inpatient days (including private roo reporting period	om days) through December	- 31 of the cost	0	7.00
8.00	Total swing-bed NF type inpatient days (including private roo	om days) after December 3	31 of the cost	0	8.00
9.00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable	to the Drogram (aveluding	r cwing bod and	15, 318	9.00
9.00	newborn days)	to the Program (excluding	g swing-bed and	15, 318	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII of through December 31 of the cost reporting period (see instruct		room days)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII of		room days) after	0	11.00
12.00	December 31 of the cost reporting period (if calendar year, of Swing-bed NF type inpatient days applicable to titles V or XI		to room days)	0	12.00
12.00	through December 31 of the cost reporting period	TX Only (Therauting privat	te room days)	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XI after December 31 of the cost reporting period (if calendary			0	13.00
14.00	Medically necessary private room days applicable to the Progr	ram (excluding swing-bed	days)	0	14.00
15.00	Total nursery days (title V or XIX only)			0	
16.00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16.00
17.00	Medicare rate for swing-bed SNF services applicable to service	ces through December 31 c	of the cost	0.00	17.00
18.00					
19.00	reporting period Medicaid rate for swing-bed NF services applicable to service	es through December 31 of	f the cost	0.00	19.00
20.00	reporting period Medicaid rate for swing-bed NF services applicable to service	es after December 31 of t	the cost	0.00	20.00
	reporting period				
21.00 22.00	Total general inpatient routine service cost (see instruction Swing-bed cost applicable to SNF type services through Decemb		ting period (line)	48, 359, 353 0	
	5 x line 17)		0 1 1	-	
23.00	Swing-bed cost applicable to SNF type services after December x line 18)	r 31 of the cost reportir	ng period (line 6	0	23.00
24.00	Swing-bed cost applicable to NF type services through December	er 31 of the cost reporti	ng period (line	0	24.00
25.00	7 x line 19) Swing-bed cost applicable to NF type services after December	31 of the cost reporting	g period (line 8	0	25.00
26.00	x line 20) Total swing-bed cost (see instructions)			0	26.00
27.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		48, 359, 353	
28.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-be	ed and observation bed ch	arges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)		lar ges)	0	
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	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
34.00	Average per diem private room charge differential (line 32 mi	, ,	ctions)	0.00	
35.00	Average per diem private room cost differential (line 34 x li	ine 31)		0.00	
36.00 37.00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost net of swing-bed cost	and private room cost di	fferential (line)	0 48, 359, 353	
57.00	27 minus line 36)			+0, 007, 000	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	ILISTMENTS			-
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST AD.			4 444 00	20.00
20 00	Adjusted general inpatient routing convice sect par district				
38.00	Adjusted general inpatient routine service cost per diem (see	-		1, 411. 09 21, 615, 077	
38. 00 39. 00 40. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Prog	e 38)		1, 411. 09 21, 615, 077 0	39.00

Ir           00	Cost Center Description URSERY (title V & XIX only) ntensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa II) otal Program inpatient operating cost exclude di V) otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION rogram di scharges	11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	2.00 0 4,326 3,176 line 200) ee instruction ervices (from	XVIII Average Per Di em (col. 1 col. 2) 3.00 0.00 1, 930.4 1, 391.5	4.00 0 0 9 2,240 2 0	5/30/2019 2:3 PPS Program Cost (col. 3 x col. 4) 5.00 0	39 pm       39 pm       31 42.       33 43.       44.       45.       46.       0 47.       5 48.
Ir           00	URSERY (title V & XIX only) ntensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpatient II) ass through costs applicable to Program inpatient otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost excluded edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	Inpatient Cost Ir 1.00 0 8,351,305 4,419,463 st. D-3, col. 3, 1 through 48)(se atient routine se atient ancillary 50 and 51) ling capital rela	Total npati ent Days 2.00 4,326 3,176 Li ne 200) ee i nstructi or ervi ces (from	Average Per Di em (col . 1 col . 2) 3.00 0.00 1,930.4 1,391.5	<ul> <li>Program Days</li> <li>4.00</li> <li>0</li> <li>0</li> <li>2,240</li> <li>2</li> <li>0</li> </ul>	Program Cost (col. 3 x col. 4) 5.00 4, 324, 298 0 0 0 0 1.00 32, 793, 135	)     42.       3     43.       44.     45.       46.     47.       0     47.       5     48.
Ir           00	URSERY (title V & XIX only) ntensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpatient II) ass through costs applicable to Program inpatient otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost excluded edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	Inpatient Cost Ir 1.00 0 8,351,305 4,419,463 st. D-3, col. 3, 1 through 48)(se atient routine se atient ancillary 50 and 51) ling capital rela	npatient Days 2.00 4,326 3,176 line 200) ee instruction ervices (from	Di em (col. 1 col. 2) 3.00 0.0 1,930.4 1,391.5	+ 4.00 0 0 9 2,240 2 0	(col. 3 x col. 4) 5.00 0 4, 324, 298 0 0 0 1.00 32, 793, 135	)     42.       3     43.       44.     45.       46.     47.       0     47.       5     48.
Ir           00	URSERY (title V & XIX only) Intensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa 11) ass through costs applicable to Program inpa 11) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost excluded edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	1.00 0 8,351,305 4,419,463 st. D-3, col. 3, 11 through 48)(se atient routine se atient ancillary 50 and 51) ding capital rela	2.00 0 4,326 3,176 line 200) ee instruction ervices (from	<u>col . 2)</u> <u>3.00</u> 0.0 1,930.4 <u>1,391.5</u>	4.00 0 0 9 2,240 2 0	5.00 0 4,324,298 0 0 1.00 32,793,135	3 43. 44. 45. 46. 0 47.
Ir           00	ntensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpatient II) ass through costs applicable to Program inpatient otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	0 8,351,305 4,419,463 3t. D-3, col. 3, 11 through 48)(se atient routine se atient ancillary 50 and 51) 10 capital rela	0 4,326 3,176 line 200) ee instruction ervices (from	0. 0 1, 930. 4 1, 391. 5 ns)	0 0 9 2, 240 2 0	0 0 4, 324, 298 0 0 0 0 1.00 32, 793, 135	3 43. 44. 45. 46. 0 47.
Ir           00	ntensive Care Type Inpatient Hospital Units NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpatient II) ass through costs applicable to Program inpatient otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	8,351,305 4,419,463 st. D-3, col. 3, 11 through 48)(so atient routine so atient ancillary 50 and 51) 10 and 51)	4,326 3,176 line 200) ee instruction ervices (from	1, 930. 4 1, 391. 5 ns)	9 2, 240 2 0	0 4, 324, 298 0 0 1.00 32, 793, 135	3 43. 44. 45. 46. 0 47.
00 11 00 CC 00 BI 00 SI 00 NI 00 Tr 00 Pa 1 00 Pa 1 00 Pa ai 00 Tr 00 Tr 00 Tr 00 Tr 00 Tr 00 Tr	NTENSIVE CARE UNIT ORONARY CARE UNIT URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	4,419,463 st. D-3, col. 3, 11 through 48)(se atient routine se atient ancillary 50 and 51) 1 ing capital rela	3,176 line 200) ee instruction ervices (from	1, 391. 5 ns)	20	0 0 1.00 32,793,135	44. 45. 46. 0 47.
00 BI 00 SI 00 NI 00 Pr 00 Pr 00 Pr 00 Pr 1 00 Pr 00 Pr 00 Tr 00 Tr 00 Tr 00 Pr	URN INTENSIVE CARE UNIT URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa 11) ass through costs applicable to Program inpa and IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	st. D-3, col. 3, 11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	line 200) ee instruction ervices (from	ns)		1.00 32,793,135	45. 46. 47. 5 48.
00         SI           00         NI           00         Pi           00         Ti           00         Ti           00         Ti           00         Ti           00         Ti	URGICAL INTENSIVE CARE UNIT EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	st. D-3, col. 3, 11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	line 200) ee instruction ervices (from	ns)		1.00 32,793,135	46. 47.
OO         NI           00         Pr           00         Ta           00         Pa           00         Pa           00         Pa           00         Ta	EONATAL INTENSIVE CARE UNIT Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa 11) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	st. D-3, col. 3, 11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	line 200) ee instruction ervices (from	ns)		1.00 32,793,135	5 48.
00 Pr 00 Tr PF 00 Pa 1 00 Pa an an 00 Tr 00 Tr 00 Tr 00 Pr 00 Tr 00 Tr	Cost Center Description rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa 11) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	st. D-3, col. 3, 11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	line 200) ee instruction ervices (from	ns)		1.00 32,793,135	5 48.
OO         T (           PP         P           00         P           00         P           00         P           00         T (	rogram inpatient ancillary service cost (Wks otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	ee instruction ervices (from	•		32, 793, 135	
OO         T (           PP         P           00         P           00         P           00         P           00         T (	otal Program inpatient costs (sum of lines 4 ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa 11) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclude edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	11 through 48)(so atient routine so atient ancillary 50 and 51) ding capital rela	ee instruction ervices (from	•			
00 Pa 1 00 Pa 1 00 Pa an 00 Ta 00 Ta 00 Pi 00 Pi 00 Ta	ASS THROUGH COST ADJUSTMENTS ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	atient routine se atient ancillary 50 and 51) ding capital rela	ervices (from	•		58, 732, 510	
00 Pa 1 00 Pa an 00 Ta 00 Ta 00 Ta	ass through costs applicable to Program inpa II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	atient ancillary 50 and 51) Hing capital rela		Wkst. D, sum			<u>)</u> 49
00 Pa 00 Ta 00 Ta 00 Ta 00 Ta	II) ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	atient ancillary 50 and 51) Hing capital rela		WKSL. D, SUII	of Parts L and	5, 577, 638	3 50
00 Pa an 00 To 00 To mo TA 00 Ph 00 Ta	ass through costs applicable to Program inpa nd IV) otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	50 and 51) ling capital rela	services (fro		UI PAILS I ANU	5, 577, 030	, 50
00 T ( 00 T ( m( T / 00 P) 00 T (	otal Program excludable cost (sum of lines 5 otal Program inpatient operating cost exclud edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	ling capital rela		om Wkst. D, s	um of Parts II	2, 471, 109	51
00 To mo 74 00 Po 00 Ta	otal Program inpatient operating cost excluded edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION	ling capital rela					
00 Pr 00 Ta	edical education costs (line 49 minus line 5 ARGET AMOUNT AND LIMIT COMPUTATION		atod non above	cian anasth	otict and	8, 048, 747 50, 683, 763	
00 Pr 00 Ta	ARGET AMOUNT AND LIMIT COMPUTATION	52)	ated, non-phys	si ci an anestne	etist, and	50, 683, 763	1 53
00 Pi 00 Ta		(2)				1	
						0	54
	arget amount per discharge					0.00	
	arget amount (line 54 x line 55) ifference between adjusted inpatient operati	ng cost and tar	act amount (Li	no E4 minus	line E2)	0	
	onus payment (see instructions)	ny cost and tary	get anount (n	ne so ini nus i	The 55)		
	esser of lines 53/54 or 55 from the cost rep	orting period e	nding 1996, up	odated and co	mpounded by the		
	arket basket	0 1	0				
	esser of lines 53/54 or 55 from prior year of				* h =	0.00	
	f line 53/54 is less than the lower of lines hich operating costs (line 53) are less than					0	) 61
	mount (line 56), otherwise enter zero (see i		(11163 54 X (		the target		
	elief payment (see instructions)	,				0	
	llowable Inpatient cost plus incentive payme	ent (see instruc	tions)			0	63
	ROGRAM INPATIENT ROUTINE SWING BED COST edicare swing-bed SNF inpatient routine cost	s through Decem	her 31 of the	cost reporti	na period (See	0	64
	nstructions)(title XVIII only)	.s through becchi			ig period (see		/ 04
	edicare swing-bed SNF inpatient routine cost	s after December	r 31 of the co	ost reporting	period (See	0	65
i i	nstructions)(title XVIII only)			-> <			
	otal Medicare swing-bed SNF inpatient routin AH (see instructions)	ne costs (line 64	4 plus line 68	5)(title XVII	i oniy). For	0	66
	itle V or XIX swing-bed NF inpatient routine	e costs through (	December 31 of	F the cost re	portina period	0	67
(	line 12 x line 19)	5					
	itle V or XIX swing-bed NF inpatient routine	e costs after Dec	cember 31 of t	the cost repo	rting period	0	68
	line 13 x line 20) otal title V or XIX swing-bed NF inpatient r	coutine costs (li	ing 67 ± ling	68)		0	69
	ART III - SKILLED NURSING FACILITY, OTHER NU			,		0	1 07
	killed nursing facility/other nursing facili						70
1	djusted general inpatient routine service co		ne 70 ÷ line 2	2)			71
1	rogram routine service cost (line 9 x line 7		(lino 14 v 1)	25)			72
	edically necessary private room cost applica otal Program general inpatient routine servi			ie 35)			73
	apital -related cost allocated to inpatient r			orksheet B, P	art II, column		75
2	6, line 45)						
	er diem capital-related costs (line 75 ÷ lin						76
1	rogram capital-related costs (line 9 x line						77
	npatient routine service cost (line 74 minus ggregate charges to beneficiaries for excess	,	ovi der recorde	5)			78
	otal Program routine service costs for compa			· · ·	us line 79)		80
00 11	npatient routine service cost per diem limit				,		81
1	npatient routine service cost limitation (li	· · · ·					82
1	easonable inpatient routine service costs (s		)				83
	rogram inpatient ancillary services (see ins tilization review - physician compensation (		s)				84
	otal Program inpatient operating costs (sum	•					86
	ART IV - COMPUTATION OF OBSERVATION BED PASS						
00 T	otal observation bed days (see instructions)	1				0	
	djusted general inpatient routine cost per d bservation bed cost (line 87 x line 88) (see	•	line 2)			0.00	88  0

Health Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider CC		Period: From 01/01/2018	Worksheet D-1	
				To 12/31/2018		
		Title	XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	6, 937, 188	48, 359, 353	0. 14345	1 0	0	90.00
91.00 Nursing School cost	4, 555, 465	48, 359, 353	0. 09420	0 0	0	91.00
92.00 Allied health cost	0	48, 359, 353	0. 00000	0 0	0	92.00
93.00 All other Medical Education	0	48, 359, 353	0. 00000	0 0	0	93.00

JMPUT	ATION OF INPATIENT OPERATING COST	Provider CCN: 15-0109	Period:	Worksheet D-1	
		Component CCN: 15-T109	From 01/01/2018 To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
		Title XVIII	Subprovider - IRF	PPS	·
	-	1.00			
	PART I - ALL PROVIDER COMPONENTS		4		
00	INPATIENT DAYS			3, 696	1 1
00 00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-			3, 696	
00	Private room days (excluding swing-bed and observation bed day		ivate room days,	0,070	
	do not complete this line.		5		
00	Semi-private room days (excluding swing-bed and observation be		r 21 of the east	3, 696	
00	Total swing-bed SNF type inpatient days (including private roo reporting period	un days) through becenibe	r 31 OF the COST	0	5.
00	Total swing-bed SNF type inpatient days (including private roo	om days) after December	31 of the cost	0	6
	reporting period (if calendar year, enter 0 on this line)				
00	Total swing-bed NF type inpatient days (including private roor	m days) through December	31 of the cost	0	7.
00	reporting period Total swing-bed NF type inpatient days (including private roor	m davs) after December 3	1 of the cost	0	8
	reporting period (if calendar year, enter 0 on this line)			-	
00	Total inpatient days including private room days applicable to	o the Program (excluding	swing-bed and	1, 905	9
0. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including privato r	oom dave)	0	10
5. 00	through December 31 of the cost reporting period (see instruct			0	
I. 00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days) after	0	11
	December 31 of the cost reporting period (if calendar year, er				1.0
2.00	Swing-bed NF type inpatient days applicable to titles V or XL) through December 31 of the cost reporting period	x only (including privat	e room days)	0	12
3. 00	Swing-bed NF type inpatient days applicable to titles V or XI)	X only (including privat	e room days)	0	13
	after December 31 of the cost reporting period (if calendar ye				
	Medically necessary private room days applicable to the Progra	am (excluding swing-bed	days)	0	
	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			0	
5. 00	SWING BED ADJUSTMENT		I		
7.00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0.00	17
3. 00	reporting period Medicare rate for swing-bed SNF services applicable to service	es after December 31 of	the cost	0.00	18
	reporting period			0100	
9.00	Medicaid rate for swing-bed NF services applicable to services	s through December 31 of	the cost	0.00	19
0. 00	reporting period Medicaid rate for swing-bed NF services applicable to services	s after December 31 of t	he cost	0.00	20
5. 00	reporting period	s al tel becember 51 01 t	ne cost	0.00	20
	Total general inpatient routine service cost (see instructions			4, 368, 328	
2.00	Swing-bed cost applicable to SNF type services through December	er 31 of the cost report	ing period (line	0	22
3. 00	5 x line 17) Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	a period (line 6	0	23
5. 00	x line 18)		g period (inic o	0	20
4.00	Swing-bed cost applicable to NF type services through December	r 31 of the cost reporti	ng period (line	0	24
5. 00	7 x line 19) Swing-bed cost applicable to NF type services after December 3	21 of the cost reporting	ported (line 9	0	25
5. 00	x line 20)	si oi the cost reporting	period (inte o	0	25
	Total swing-bed cost (see instructions)			0	26
7.00	General inpatient routine service cost net of swing-bed cost	(line 21 minus line 26)		4, 368, 328	27
00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT General inpatient routine service charges (excluding swing-bed	d and obsorvation had ch	argos)	0	28
	Private room charges (excluding swing-bed charges)	a and observation bed en	arges)	0	
	Semi-private room charges (excluding swing-bed charges)			0	
	General inpatient routine service cost/charge ratio (line 27 -	÷line 28)		0.00000	
	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	
	Average semi-private room per diem charge (line 30 ÷ line 4) Average per diem private room charge differential (line 32 min	nus line 33)(see instruc	tions)	0.00 0.00	
	Average per diem private room cost differential (line 34 x lin			0.00	
6.00	Private room cost differential adjustment (line 3 x line 35)			0	
. 00	General inpatient routine service cost net of swing-bed cost a	and private room cost di	fferential (line	4, 368, 328	37
	27 minus line 36) PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU	JSTMENTS			1
				1, 181. 91	38
	Adjusted general inpatient routine service cost per diem (see				
9.00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line Medically necessary private room cost applicable to the Progra	38)		2, 251, 539 0	39

ealth Financial Systems OMPUTATION OF INPATIENT OPERATING COST	FRANCI SCAN HEAL		CN: 15-0109	Peri od:	wof Form CMS- Worksheet D-1	
			CCN: 15-T109	From 01/01/2018 To 12/31/2018	Date/Time Pre	epared
		Title	e XVIII	Subprovider -	5/30/2019 2:3 PPS	39 pm
	1		T	IRF		
Cost Center Description	Total Inpatient Costl	Total npatient Days	Average Per Diem (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	42
2.00 NURSERY (title V & XIX only) Intensive Care Type Inpatient Hospital U	ni ts	(	0.	0 00	0	42.
3. 00 INTENSIVE CARE UNIT	0	C	0.	0 00	0	43.
4. 00 CORONARY CARE UNIT						44.
5. 00 BURN INTENSIVE CARE UNIT 6. 00 SURGICAL INTENSIVE CARE UNIT						45. 46.
7. 00 NEONATAL INTENSIVE CARE UNIT	0	C	0.0	0 00	0	
Cost Center Description						
3.00 Program inpatient ancillary service cost	(What D-3 col 3	line 200)			1.00 1,348,211	18
9.00 Total Program inpatient costs (sum of li	-		ons)		3, 599, 750	
PASS THROUGH COST ADJUSTMENTS	· · · ·		• •			
0.00 Pass through costs applicable to Program	inpatient routine s	services (from	n Wkst. D, sur	n of Parts I and	471, 945	50.
) 1.00  Pass through costs applicable to Program	inpatient ancillary	/ services (fr	om Wkst. D.	sum of Parts II	132, 982	51.
and IV)						
2.00   Total Program excludable cost (sum of li 3.00   Total Program inpatient operating cost e		atod non nt		actist and	604, 927 2, 994, 823	
3.00 Total Program inpatient operating cost e medical education costs (line 49 minus l		ated, non-phy	sician anesti	netist, and	2, 994, 823	53.
TARGET AMOUNT AND LIMIT COMPUTATION					1	
4.00 Program discharges 5.00 Target amount per discharge					0.00	
5.00 Target amount (line 54 x line 55)					0.00	
7.00 Difference between adjusted inpatient op	erating cost and tar	get amount (I	ine 56 minus	line 53)	0	
3.00 Bonus payment (see instructions)					0	
9.00 Lesser of lines 53/54 or 55 from the cos market basket	t reporting period e	ending 1996, ι	updated and co	ompounded by the	0.00	59.
D. 00 Lesser of lines 53/54 or 55 from prior y	ear cost report, upo	lated by the m	narket basket		0.00	60.
1.00 If line 53/54 is less than the lower of					0	61.
which operating costs (line 53) are less amount (line 56), otherwise enter zero (		s (lines 54 x	60), or 1% of	f the target		
2.00 Relief payment (see instructions)					0	62.
3.00 Allowable Inpatient cost plus incentive		ctions)			0	63.
PROGRAM INPATIENT ROUTINE SWING BED COST 4.00 Medicare swing-bed SNF inpatient routine		bor 21 of the	cost report	na pariod (Saa	0	64.
instructions) (title XVIII only)	COSTS THEOUGH DECE		e cost reporti	ng period (see	0	04.
5.00 Medicare swing-bed SNF inpatient routine	costs after Decembe	er 31 of the d	cost reporting	g period (See	0	65.
instructions)(title XVIII only) 6.00  Total Medicare swing-bed SNF inpatient r	outino costs (lino 4	A plus lipo 4	5) (titlo VVI)	Lonly) For	0	66.
CAH (see instructions)		14 prus rine c	5)(title xii	i oniy). Toi		00.
7.00 Title V or XIX swing-bed NF inpatient ro	utine costs through	December 31 d	of the cost re	eporting period	0	67.
line 12 x line 19) 8.00  Title V or XIX swing-bed NF inpatient ro	utino costs after D	combor 21 of	the cost rop	orting poriod	0	68.
(line 13 x line 20)		cember 31 01	the cost rep	biting period		00.
9.00 Total title V or XIX swing-bed NF inpati					0	69.
PART III - SKILLED NURSING FACILITY, OTH D.00 Skilled nursing facility/other nursing f				)		70.
1.00 Adjusted general inpatient routine servi				)		71.
2.00 Program routine service cost (line 9 x l	ine 71)					72.
3.00 Medically necessary private room cost ap		•				73.
4.00 Total Program general inpatient routine 5.00 Capital-related cost allocated to inpati	•	,		Part II, column		74.
26, line 45)						
6.00 Per diem capital -related costs (line 75						76.
7.00  Program capital-related costs (line 9 x 3.00  Inpatient routine service cost (line 74						77.
0.00 Aggregate charges to beneficiaries for e		ovider record	ls)			79.
0.00 Total Program routine service costs for	•	ost limitation	n (line 78 min	nus line 79)		80.
1.00  Inpatient routine service cost per diem 2.00  Inpatient routine service cost limitatio						81. 82.
2.00  Inpatient routine service cost limitatio 3.00  Reasonable inpatient routine service cos						82.
4.00 Program inpatient ancillary services (se						84.
5.00 Utilization review - physician compensat						85.
6.00 Total Program inpatient operating costs PART IV - COMPUTATION OF OBSERVATION BED		rough 85)				86.
7.00 Total observation bed days (see instruct					0	87.
8.00 Adjusted general inpatient routine cost	per diem (line 27 ÷	line 2)			0.00	88.
9.00 Observation bed cost (line 87 x line 88)	(coo instructions)					89.

Health Financial Systems	FRANCI SCAN HEA	LTH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provider C		Period: From 01/01/2018	Worksheet D-1	
		Component (	CCN: 15-T109	To 12/31/2018		
		Title	e XVIII	Subprovider - IRF	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	915, 641	4, 368, 328	0. 20960	0	0	90.00
91.00 Nursing School cost	C	4, 368, 328	0. 00000	0 0	0	91.00
92.00 Allied health cost	C	4, 368, 328	0.00000	0 0	0	92.00
93.00 All other Medical Education	C	4, 368, 328	0.00000	0 0	0	93.00

PRANCI SCAN FRANCI SCAN	HEALTH LAFAYETTE	01 45 0400		u of Form CMS-	
NPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0109	Period: From 01/01/2018	Worksheet D-3	5
			To 12/31/2018		
	Title	e XVIII	Hospi tal	PPS	
Cost Center Description		Ratio of Cos		I npati ent	
·		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
				2)	
		1.00	2.00	3.00	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1			
0. 00 03000 ADULTS & PEDIATRICS			34, 774, 165		30.0
1. 00 03100 I NTENSI VE CARE UNI T			8, 743, 219		31.0
5. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.0
1. 00 04100 SUBPROVI DER – I RF			0		41.0
3. 00 04300 NURSERY					43.0
		0.0002	2 20 472 107	2 420 070	50.0
0. 00 05000 OPERATI NG ROOM		0.0893			
1.00 05100 RECOVERY ROOM		0. 1093			
2. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 2835			
4. 00  05400  RADI OLOGY-DI AGNOSTI C 5. 00  03630  RADI OLOGY-THERAPEUTI C		0. 1683		1, 448, 824	
6. 00 05600 RADI 01 SOTOPE		0.0972			
6. 01  03950  CARDI AC CATH LAB		0.0000			
7. 00  05700 CT SCAN		0. 1036			
8. 00 05800 MRI		0.0314			
0. 00 06000 LABORATORY		0.0998			
5. 00 06500 RESPIRATORY THERAPY		0. 28903			
6. 00 06600 PHYSI CAL THERAPY		0. 4394			
7. 00 06700 OCCUPATIONAL THERAPY		0. 4394			
8. 00 06800 SPEECH PATHOLOGY		0. 3494			
9. 00 06900 ELECTROCARDI OLOGY		0. 1435			
0. 00 07000 ELECTROEARD OLOGT		0. 3431		154, 546	
1. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1314			
2. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 2303			
3. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1203			
3. 01 07301 DI ABETES CENTER		21. 2423			1
4. 00 07400 RENAL DI ALYSI S		0. 4075			
6. 98 07400 REINE BIREISIS		1. 1793			
OUTPATIENT SERVICE COST CENTERS		1.1770	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,711	10. /
0. 00 09000 CLINIC		1.6483	76 0	0	90.0
1. 00 09100 EMERGENCY		0. 2011		-	
1. 01 04950 WOUND CARE		0. 6215			
2. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0.0000			
2. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 32460		-	
OTHER REIMBURSABLE COST CENTERS					1
5. 00 09500 AMBULANCE SERVICES					95.0
00.00 Total (sum of lines 50 through 94 and 96 through 9	98)	1	223, 033, 639	32, 793, 135	
01.00 Less PBP Clinic Laboratory Services-Program only o			0		201.0
02.00 Net charges (line 200 minus line 201)	,		223, 033, 639		202.0

Health Financial Systems FRANCISCAN HEALTH	LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0109	Peri od:	Worksheet D-3	
	Component	CCN: 15-T109	From 01/01/2018 To 12/31/2018		
	Titl€	e XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cos	st Inpatient	I npati ent	
		To Charges	U	Program Costs	
			Charges	(col. 1 x col.	
		1.00	0.00	2)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			0	1	30.00
31. 00 03100 I NTENSI VE CARE UNI T					31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35.00
41. 00 04100 SUBPROVI DER – I RF			3, 231, 829		41.00
43. 00 04300 NURSERY			5, 251, 027		43.00
ANCI LLARY SERVI CE COST CENTERS					10.00
50. 00 05000 OPERATI NG ROOM		0. 0893	63 1, 591	142	50.00
51.00 05100 RECOVERY ROOM		0. 1093			•
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 2835		0	•
54.00 05400 RADI OLOGY-DI AGNOSTI C		0. 1683		9, 452	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C		0.0972			
56. 00 05600 RADI OI SOTOPE		0.0000	00 0	0	56.00
56. 01 03950 CARDI AC CATH LAB		0. 1036	42 C	0	56.01
57.00 05700 CT SCAN		0. 0314	90 105, 832	3, 333	57.00
58. 00 05800 MRI		0. 0517	15 13, 303	688	58.00
60. 00 06000 LABORATORY		0. 0998	49 597, 027	59, 613	60.00
65. 00 06500 RESPI RATORY THERAPY		0. 2890	35 128, 089	37, 022	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 4394	27 1, 390, 310	610, 940	66.00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 2591			•
68.00 06800 SPEECH PATHOLOGY		0. 3494			•
69. 00 06900 ELECTROCARDI OLOGY		0. 1435			•
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 3431		0	
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENT		0. 1314			•
72. 00 07200 I MPL. DEV. CHARGED TO PATI ENTS		0. 2303			•
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 1203			•
73. 01 07301 DI ABETES CENTER 74. 00 07400 RENAL DI ALYSI S		21.2423		0	
76. 98 07698 HYPERBARI C OXYGEN THERAPY		0. 4075 1. 1793			•
OUTPATIENT SERVICE COST CENTERS		1.1/73	77	0	/0.70
90. 00 09000 CLINIC		1. 6483	76 0	0	90.00
91. 00 09100 EMERGENCY		0. 2011		-	•
91. 01 04950 WOUND CARE		0. 6215		0	•
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0.0000			•
92. 01 09201 OBSERVATI ON BEDS (DI STINCT PART)		0. 3246			
OTHER REIMBURSABLE COST CENTERS					1
95. 00 09500 AMBULANCE SERVI CES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98)			5, 023, 576	1, 348, 211	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges	(line 61)		0		201.00

	INCI AL SYSTEMS FRANCISCAN HEALT ANCILLARY SERVICE COST APPORTIONMENT	H LAFAYETTE	CN: 15-0109	Peri od:	eu of Form CMS-2 Worksheet D-3	
INPALLENT F	ANCILLARY SERVICE CUST APPORTIONMENT	Provider C	CN: 15-0109	From 01/01/2018	worksneet D-3	
				To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
		Ti †I	e XIX	Hospi tal	Cost	7 pin
	Cost Center Description		Ratio of Cos		I npati ent	
	'		To Charges	Program	Program Costs	
			5	Charges	(col. 1 x col.	
					2)	
			1.00	2.00	3.00	
	TIENT ROUTINE SERVICE COST CENTERS		1		1	
	0 ADULTS & PEDIATRICS			13, 657, 932		30.0
	O I NTENSI VE CARE UNI T			2, 549, 752		31.0
	O NEONATAL INTENSIVE CARE UNIT			10, 185, 443		35.0
	0 SUBPROVIDER - IRF			0		41.0
	O NURSERY			0		43.0
	LLARY SERVICE COST CENTERS		0.0000	10 10 (5( 005	050.00(	1 50 0
	O OPERATING ROOM O RECOVERY ROOM		0. 0893 0. 1093		952, 336 86, 185	
			•			
	O DELIVERY ROOM & LABOR ROOM		0.2835			
	0 RADI OLOGY-DI AGNOSTI C 0 RADI OLOGY-THERAPEUTI C		0. 1683		319, 636 39, 070	
	0 RADI OLOGY - THERAPEUTI C		0.0972		39,070	
	O CARDI AC CATH LAB		0. 0000			
	O CT SCAN		0. 1038		157, 090 80, 484	
	0 MRI		0.0314		34, 235	
	0 LABORATORY		0.0998			
	0 RESPIRATORY THERAPY		0. 2890			
	O PHYSI CAL THERAPY		0. 4394			
	O OCCUPATIONAL THERAPY		0. 2591			
	O SPEECH PATHOLOGY		0. 3494			
	0 ELECTROCARDI OLOGY		0. 1435		184, 577	
	0 ELECTROENCEPHALOGRAPHY		0. 3431		69, 547	70.0
	O MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1314			
	O I MPL. DEV. CHARGED TO PATI ENTS		0. 2303			
	O DRUGS CHARGED TO PATIENTS		0. 1203			
	1 DI ABETES CENTER		21. 2423			
	O RENAL DI ALYSI S		0. 4075			
	8 HYPERBARI C OXYGEN THERAPY		1. 1793		0	
	ATIENT SERVICE COST CENTERS		<b>I</b>		· ·	
	O CLINIC		1. 6483	76 0	0	90.0
	OEMERGENCY		0. 2011		390, 641	91.0
	O WOUND CARE		0. 6215		1, 975	
-	O OBSERVATION BEDS (NON-DISTINCT PART		0.0000		0	
	1 OBSERVATION BEDS (DISTINCT PART)		0. 3246		136, 656	92.0
	R REIMBURSABLE COST CENTERS					
	0 AMBULANCE SERVI CES					95.0
200.00	Total (sum of lines 50 through 94 and 96 through 98)			61, 029, 940	8, 931, 003	200. 0
201.00	Less PBP Clinic Laboratory Services-Program only charge	es (line 61)		0		201.0
202.00	Net charges (line 200 minus line 201)			61, 029, 940		202.0

	HEALTH LAFAYETTE			u of Form CMS-2	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider C	CN: 15-0109	Period: From 01/01/2018	Worksheet D-3	
	Component	CCN: 15-T109	To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
	Titl	e XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cos		Inpati ent	
		To Charges	Program	Program Costs	
			Charges	(col. 1 x col.	
		1.00		2)	
I NPATI ENT ROUTI NE SERVI CE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			0		30.00
31. 00 03100 INTENSIVE CARE UNIT			0		31.00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
41. 00 04100 SUBPROVIDER - IRF			841, 353		41.00
43. 00 04300 NURSERY			041, 333		43.00
ANCI LLARY SERVI CE COST CENTERS		1			10.00
50. 00 05000 OPERATING ROOM		0. 0893	63 0	0	50.00
51.00 05100 RECOVERY ROOM		0. 1093		0	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 2835		0	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 1683	86 16, 826	2,833	54.00
55. 00 03630 RADI OLOGY-THERAPEUTI C		0.0972	96 4,056	395	55.00
56. 00 05600 RADI OI SOTOPE		0.0000	00 00	0	56.00
56. 01 03950 CARDI AC CATH LAB		0. 1036	42 552	57	56.01
57.00 05700 CT SCAN		0.0314	90 31, 955	1, 006	57.00
58. 00 05800 MRI		0. 0517		719	58.00
60. 00 06000 LABORATORY		0.0998	49 158, 849	15, 861	60.00
65. 00 06500 RESPI RATORY THERAPY		0. 2890	35 10, 936	3, 161	65.00
66. 00 06600 PHYSI CAL THERAPY		0. 4394	27 334, 443	146, 963	66.00
67.00 06700 OCCUPATI ONAL THERAPY		0. 2591	59 358, 603	92, 935	67.00
68.00 06800 SPEECH PATHOLOGY		0. 3494	47 111, 936	39, 116	68.00
69. 00 06900 ELECTROCARDI OLOGY		0. 1435		1, 827	
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 3431		618	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT		0. 1314		9, 542	
72.00 07200 I MPL. DEV. CHARGED TO PATIENTS		0. 2303		0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 1203		19, 614	
73. 01 07301 DI ABETES CENTER		21. 2423		0	73.01
74.00 07400 RENAL DIALYSIS		0.4075		9, 701	
76. 98 07698 HYPERBARI C OXYGEN THERAPY		1. 1793	97 0	0	76.98
0017PATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C		1.6483	76 0	0	90.00
91. 00 109000 EMERGENCY		0. 2011		327	90.00
91. 01 04950 WOUND CARE		0. 6215		0	91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART		0.0213		0	92.00
92. 01 09201 OBSERVATION BEDS (NON-DISTINCT PART)		0. 3246		0	92.00
OTHER REIMBURSABLE COST CENTERS		0.3240	0	0	1 /2.01
95. 00 09500 AMBULANCE SERVICES					95.00
200.00 Total (sum of lines 50 through 94 and 96 through 98	8)		1, 317, 641	344, 675	
201.00 Less PBP Clinic Laboratory Services-Program only ch			0	5, 576	201.00
202.00 Net charges (line 200 minus line 201)	3		1, 317, 641		202.00

ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	I LAFAYETTE Provider CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Pre 5/30/2019 2:3	
		Title XVIII	Hospi tal	PPS	
				1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS			1.00	
. 00	DRG Amounts Other than Outlier Payments			0	
. 01	DRG amounts other than outlier payments for discharges occurr	ing prior to October 1	(see	31, 922, 389	1.01
. 02	instructions) DRG amounts other than outlier payments for discharges occurr	ing on or after October	1 (see	10, 801, 716	1.02
. 02	instructions)	ing on or arter october	1 (300	10,001,710	1.02
. 03	DRG for federal specific operating payment for Model 4 BPCI f	or discharges occurring	prior to October	0	1.03
. 04	1 (see instructions) DRG for federal specific operating payment for Model 4 BPCI fo	or discharges occurring	on or after	0	1.04
. 04	October 1 (see instructions)	or discharges occurring	on or arter	0	1.04
. 00	Outlier payments for discharges. (see instructions)			1, 189, 760	2.00
. 01	Outlier reconciliation amount			0	
. 02	Outlier payment for discharges for Model 4 BPCI (see instruct	i ons)		0	
. 00 . 00	Managed Care Simulated Payments Bed days available divided by number of days in the cost repo	rting pariod (soo instru	(ctions)	10, 526, 647 190. 39	3.00
. 00	Indirect Medical Education Adjustment	Ttring period (see matric		190.39	4.00
. 00	FTE count for allopathic and osteopathic programs for the mos	t recent cost reporting	period ending on	0.00	5.00
	or before 12/31/1996. (see instructions)				
. 00	FTE count for allopathic and osteopathic programs that meet t	he criteria for an add-o	on to the cap for	0.00	6.00
. 00	new programs in accordance with 42 CFR 413.79(e) MMA Section 422 reduction amount to the IME cap as specified	under 42 CER 8412 105(f)	$(1)(i_{V})(B)(1)$	0.00	7.00
. 01	ACA § 5503 reduction amount to the IME cap as specified under			0.00	
	cost report straddles July 1, 2011 then see instructions.				
. 00	Adjustment (increase or decrease) to the FTE count for allopa	thic and osteopathic pro	ograms for	0.00	8.00
	affiliated programs in accordance with 42 CFR 413.75(b), 413.	79(c)(2)(iv), 64 FR 2634	40 (May 12,		
. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap sl	ots under § 5503 of the	ACA If the cost	0.00	8.0
. 01	report straddles July 1, 2011, see instructions.		Non. II the cost	0.00	0.0
. 02	The amount of increase if the hospital was awarded FTE cap sl	ots from a closed teachi	ng hospi tal	0.00	8. 02
~~	under § 5506 of ACA. (see instructions)		,		
. 00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lin- instructions)	es (8, 8,01 and 8,02)	see	0.00	9.00
0.00	FTE count for allopathic and osteopathic programs in the curr	ent vear from vour reco	rds	0.00	10.00
1.00	FTE count for residents in dental and podiatric programs.				11.00
2.00	Current year allowable FTE (see instructions)				12.00
3.00	Total allowable FTE count for the prior year.		towhere 20, 1007	0.00	•
4.00	Total allowable FTE count for the penultimate year if that ye otherwise enter zero.	ar ended on or after sep	otember 30, 1997,	0.00	14.00
5.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
6.00	Adjustment for residents in initial years of the program			0.00	16.00
7.00	Adjustment for residents displaced by program or hospital clo	sure			17.0
	Adjusted rolling average FTE count	\ \		0.00	18.0
9.00	Current year resident to bed ratio (line 18 divided by line 4 Prior year resident to bed ratio (see instructions)	).		0.000000	
1.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	
2.00	IME payment adjustment (see instructions)			0	1
2. 01	IME payment adjustment - Managed Care (see instructions)			0	22. 0 <sup>′</sup>
2 00	Indirect Medical Education Adjustment for the Add-on for § 42		CED 412 10E	0.00	
3.00	Number of additional allopathic and osteopathic IME FTE resid $(f)(1)(iv)(C)$ .	ent cap siots under 42 (	JIN 412, 105	0.00	23.00
4.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.0
5.00	If the amount on line 24 is greater than -O-, then enter the	lower of line 23 or line	e 24 (see	0.00	
< 00	instructions)			0,000000	
6.00 7.00	Resident to bed ratio (divide line 25 by line 4) IME payments adjustment factor. (see instructions)			0.000000	
8.00	IME add-on adjustment amount (see instructions)			0.000000	1
8.01	IME add-on adjustment amount - Managed Care (see instructions	)		0	
9.00	Total IME payment ( sum of lines 22 and 28)			0	
9. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.0	1)		0	29. 0 <sup>4</sup>
0. 00	Disproportionate Share Adjustment Percentage of SSI recipient patient days to Medicare Part A p	atient dave (see instrum	ctions)	4. 11	30.00
1.00	Percentage of Medicaid patient days (see instructions)	attent udys (see Institut	50 0137		30.00
	Sum of Lines 30 and 31				32.00
3.00	Allowable disproportionate share percentage (see instructions	)		13.35	33.00
4.00	Disproportionate share adjustment (see instructions)			1, 425, 917	34.0

	Financial Systems FRANCISCAN HEALTH ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 15-0109	Period:	u of Form CMS-2 Worksheet E	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	
		T: 11 - 20/0-1-1		5/30/2019 2:3	9 pr
		Title XVIII	Hospital Prior to 10/1	PPS	
			1.00	2.00	
	Uncompensated Care Adjustment				
	Total uncompensated care amount (see instructions)			8, 272, 872, 447	
	Factor 3 (see instructions)		0.000312205	0.000468376	
5. 02	Hospital uncompensated care payment (If line 34 is zero, enter instructions)	r zero on this line) (see	2, 112, 596	3, 874, 815	35.
5. 03	Pro rata share of the hospital uncompensated care payment amou	int (see instructions)	1, 580, 106	976, 666	35
	Total uncompensated care (sum of columns 1 and 2 on line 35.03		2, 556, 772	,, 0, 000	36
	Additional payment for high percentage of ESRD beneficiary dis				
0. 00	Total Medicare discharges on Worksheet S-3, Part I excluding of	discharges for MS-DRGs	0		40
	652, 682, 683, 684 and 685 (see instructions)				
1. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 68	83, 684 an 685. (see	0		41
1. 01	instructions)		0		41
1.01	Total ESRD Medicare covered and paid discharges excluding MS-I an 685. (see instructions)	002, 002, 003, 084	0		41
2.00	Divide line 41 by line 40 (if less than 10%, you do not qualif	fy for adjustment)	0.00		42
	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682	5 5 ,	0		43
	instructions)				
4.00	Ratio of average length of stay to one week (line 43 divided k	by line 41 divided by 7	0.000000		44
5.00	days) Average weekly cost for dialysis treatments (see instructions)		0.00		45
	Total additional payment (line 45 times line 44 times line 41.		0.00		40
	Subtotal (see instructions)		47, 896, 554		47
	Hospital specific payments (to be completed by SCH and MDH, sm	mall rural hospitals	0		48
	only. (see instructions)	•			
				Amount	
9.00	Total payment for inpatient operating costs (see instructions)			1.00 47,896,554	49
	Payment for inpatient program capital (from Wkst. L, Pt. I and			3, 879, 571	50
	Exception payment for inpatient program capital (Wkst. L, Pt.			0	
2.00	Direct graduate medical education payment (from Wkst. E-4, lir	ne 49 see instructions).		0	52
	Nursing and Allied Health Managed Care payment			833, 852	
	Special add-on payments for new technologies			35, 870	
	Islet isolation add-on payment	2)		0	
	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69			0	55 56
	Cost of physicians' services in a teaching hospital (see intru Routine service other pass through costs (from Wkst. D, Pt. II	-	rough 35)	2, 036, 069	
	Ancillary service other pass through costs (from Wkst. D, Pt. 1		nough 55).	158, 375	
	Total (sum of amounts on lines 49 through 58)	,		54, 840, 291	
	Primary payer payments			42, 015	
	Total amount payable for program beneficiaries (line 59 minus	line 60)		54, 798, 276	61
2.00	Deductibles billed to program beneficiaries			3, 930, 648	62
	Coinsurance billed to program beneficiaries			90, 061	
	Allowable bad debts (see instructions)			381, 983	
5.00	Adjusted reimbursable bad debts (see instructions)			248, 289	
	Allowable bad debts for dual eligible beneficiaries (see instr	ructions)		75, 406	
	Subtotal (line 61 plus line 65 minus lines 62 and 63) Credits received from manufacturers for replaced devices for a	applicable to MS_DRGs (se	e instructions)	51, 025, 856 0	
	Outlier payments reconciliation (sum of lines 93, 95 and 96).			0	69
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		-) -	0	70
0.00	Rural Community Hospital Demonstration Project (§410A Demonstr	ration) adjustment (see i	nstructions)	0	
	Demonstration payment adjustment amount before sequestration			0	
0. 50				0	
0. 50 0. 87 0. 88	SCH or MDH volume decrease adjustment (contractor use only)				70
0. 50 0. 87 0. 88 0. 89	Pioneer ACO demonstration payment adjustment amount (see instr	ructions)			1.
0.50 0.87 0.88 0.89 0.90	Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions)	ructions)		0	
0.50 0.87 0.88 0.89 0.90 0.91	Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0	70
0.50 0.87 0.88 0.89 0.90 0.91 0.91	Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions) Bundled Model 1 discount amount (see instructions)	ructions)		0 0	70 70
0.50 0.87 0.88 0.89 0.90 0.91 0.91 0.92 0.93	Pioneer ACO demonstration payment adjustment amount (see instr HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)	ructions)		0	70 70 70

CULATION OF REIMBURSEMENT SETTLEMENT	Provider CO	CN: 15-0109	In Lie Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Pre 5/30/2019 2:3	pare
	Title	XVIII	Hospi tal	PPS	
		FFY	(уууу)	Amount	
			0	1.00	
96 Low volume adjustment for federal fiscal year (yyyy) (Enter in	column O		0	0	70
<ul> <li>the corresponding federal year for the period prior to 10/1)</li> <li>Low volume adjustment for federal fiscal year (yyyy) (Enter in the corresponding federal year for the period ending on or after</li> </ul>			0	0	70
98 Low Volume Payment-3	1 10/1)			0	
99 HAC adjustment amount (see instructions)				0	70
00 Amount due provider (line 67 minus lines 68 plus/minus lines 69	& 70)			51,011,259	
01 Sequestration adjustment (see instructions)				1, 020, 225	
02 Demonstration payment adjustment amount after sequestration				0	1
00 Interim payments				50, 550, 322	
00 Tentative settlement (for contractor use only)	70				73
<ul> <li>00 Balance due provider/program (line 71 minus lines 71.01, 71.02, 73)</li> <li>00 Protested amounts (nonallowable cost report items) in accordance</li> </ul>				-559, 288 1, 244, 767	
CMS Pub. 15-2, chapter 1, §115.2				1, 244, 707	,,,
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)	2 02				90
00 Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of plus 2.04 (see instructions)	2.03			0	90
00 Capital outlier from Wkst. L, Pt. I, line 2				0	91
00 Operating outlier reconciliation adjustment amount (see instruct	tions)			0	92
00 Capital outlier reconciliation adjustment amount (see instructi	ons)			0	93
00 The rate used to calculate the time value of money (see instruct	tions)			0.00	94
00 Time value of money for operating expenses (see instructions)	-			0	95
00 Time value of money for capital related expenses (see instructi	ons)			0	96
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					4
0.00 HSP bonus amount (see instructions)			0	0	100
HVBP Adjustment for HSP Bonus Payment					4
.00 HVBP adjustment factor (see instructions)			0.000000000	0.000000000	
2.00 HVBP adjustment amount for HSP bonus payment (see instructions)			0	0	102
HRR Adjustment for HSP Bonus Payment					
8.00 HRR adjustment factor (see instructions)			0.0000	0.0000	
8.00 HRR adjustment factor (see instructions) 9.00 HRR adjustment amount for HSP bonus payment (see instructions)			0. 0000		
8.00 HRR adjustment factor (see instructions) 4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstra					104
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>Rural Community Hospital Demonstration Project (§410A Demonstration peri</li> <li>00 Is this the first year of the current 5-year demonstration peri</li> </ul>					104
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions)</li> <li>Rural Community Hospital Demonstration Project (§410A Demonstration 200 Is this the first year of the current 5-year demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no.</li> </ul>					104
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstra</li> <li>00 Is this the first year of the current 5-year demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> </ul>	od under t			0	104 200
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration 0 Is this the first year of the current 5-year demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> </ul>	od under t			0	104 200 201
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> </ul>	od under t			0	104 200 201 202
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> </ul>	od under t 49)	he 21st		0	104 200 201 202
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>Computation of Demonstration Target Amount Limitation (N/A in f</li> </ul>	od under t 49)	he 21st		0	104 200 201 202
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration perion of the current 5-year demonstration perion century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>4.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>5.00 Medicare discharges (see instructions)</li> <li>6.00 Case-mix adjustment factor (see instructions)</li> <li>6.00 Camputation of Demonstration Target Amount Limitation (N/A in figure of the current)</li> </ul>	od under t 49)	he 21st		0	104 200 201 202 203
<ul> <li>3. 00 HRR adjustment factor (see instructions)</li> <li>4. 00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration period)</li> <li>5. 00 Is this the first year of the current 5-year demonstration period</li> <li>5. 00 Is this the first year of the current 5-year demonstration period</li> <li>6. 00 Is this the first year of the current 5-year demonstration period</li> <li>6. 00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>7. 00 Medicare discharges (see instructions)</li> <li>8. 00 Case-mix adjustment factor (see instructions)</li> <li>6. 00 Case-mix adjustment factor (see instructions)</li> <li>7. 00 Medicare target amount</li> </ul>	od under t 49)	he 21st		0	104 200 201 202 203 204
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in f period)</li> <li>00 Medicare target amount</li> <li>00 Case-mix adjusted target amount (line 203 times line 204)</li> </ul>	od under t 49)	he 21st		0	104 200 201 202 203 204 204
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>4.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>5.00 Medicare discharges (see instructions)</li> <li>6.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in f period)</li> <li>6.00 Medicare inpatient service costs (line 203 times line 204)</li> <li>6.00 Medicare inpatient routine cost cap (line 202 times line 205)</li> </ul>	od under t 49)	he 21st		0	104 200 201 202 203 204 204
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>4.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>7.00 Medicare discharges (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>8.00 Case-mix adjustment factor (see instructions)</li> <li>8.00 Medicare target amount</li> <li>9.00 Medicare inpatient cost cap (line 203 times line 204)</li> <li>9.00 Medicare inpatient routine cost cap (line 202 times line 205)</li> <li>9.00 Medicare to Medicare Part A Inpatient Reimbursement</li> </ul>	od under t 49) irst year	he 21st		0	104 200 201 202 203 204 205 206
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Medicare target amount</li> <li>00 Medicare inpatient cost cap (line 203 times line 204)</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>00 Program reimbursement under the §410A Demonstration (see instruction)</li> </ul>	od under t 49) irst year ctions)	he 21st		0 ration	104 200 201 202 203 204 205 206 207
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>8.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Medicare target amount</li> <li>00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I</li> </ul>	od under t 49) irst year ctions)	he 21st		0 ration	104 200 201 202 203 204 205 206 207 208
<ul> <li>3.00 HRR adjustment factor (see instructions)</li> <li>4.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration Project (Second Program Project (Second Program Project Program Project Program Project Program Project (Second Program Project Program Progra</li></ul>	od under t 49) irst year ctions)	he 21st		0 ration	104 200 201 202 203 204 205 206 206 207 208 209
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>8.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>9.00 Medicare discharges (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in f period)</li> <li>9.00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>9.00 Medicare inpatient outline cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>9.00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I</li> <li>9.00 Adjustment to Medicare IPPS payments (see instructions)</li> </ul>	od under t 49) irst year ctions)	he 21st		ration	104 200 201 202 203 204 205 206 206 207 208 209 210
<ul> <li>8.00 HRR adjustment factor (see instructions)</li> <li>8.00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>9.00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>9.00 Medicare discharges (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Case-mix adjustment factor (see instructions)</li> <li>9.00 Medicare target amount</li> <li>9.00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>9.00 Medicare part A Inpatient Reimbursement</li> <li>9.00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>9.00 Medicare Part A Inpatient service costs (from Wkst. E, Pt. A, I</li> <li>9.00 Reserved for future use</li> <li>9.00 Total adjustment to Medicare IPPS payments (see instructions)</li> </ul>	od under t 49) irst year ctions)	he 21st		ration	103 104 200 201 202 203 203 206 207 208 209 210 211
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Cost adjustment factor (see instructions)</li> <li>00 Medicare target amount</li> <li>00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I 0.00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>00 Comparision of PPS versus Cost Reimbursement</li> </ul>	od under t 49) irst year ctions) ine 59)	he 21st		0 ration	104 200 201 202 203 204 205 206 207 208 209 210 211
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Medicare target amount</li> <li>00 Medicare target amount</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 204)</li> <li>00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I</li> <li>00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I</li> <li>00 Medicare for future use</li> <li>00 Total adjustment to Medicare IPPS payments (see instructions)</li> <li>00 Total adjustment to Medicare Part A IPPS payments (from line 21</li> </ul>	od under t 49) irst year ctions) ine 59)	he 21st		rati on	104 200 202 203 204 205 206 207 208 209 210 211 212
<ul> <li>00 HRR adjustment factor (see instructions)</li> <li>00 HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration peri Century Cures Act? Enter "Y" for yes or "N" for no. Cost Reimbursement</li> <li>00 Medicare inpatient service costs (from Wkst. D-1, Pt. II, line</li> <li>00 Medicare discharges (see instructions)</li> <li>00 Case-mix adjustment factor (see instructions)</li> <li>00 Cost adjustment factor (see instructions)</li> <li>00 Medicare target amount</li> <li>00 Medicare inpatient routine cost cap (line 203 times line 204)</li> <li>00 Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement</li> <li>00 Program reimbursement under the §410A Demonstration (see instructions)</li> <li>00 Medicare Part A inpatient service costs (from Wkst. E, Pt. A, I 0.00 Adjustment to Medicare IPPS payments (see instructions)</li> <li>00 Comparision of PPS versus Cost Reimbursement</li> </ul>	od under t 49) irst year ctions) ine 59) 1)	he 21st		ration	201 202 203 204 205 206 206 206 206 207 208 209 210 211

	Financial Systems         FRANCISCAN HEALTH LAFAYE           ATION OF REIMBURSEMENT SETTLEMENT         Provid	der CCN: 15-0109	Period: From 01/01/2018	u of Form CMS-2 Worksheet E Part B	
				Date/Time Pre 5/30/2019 2:3	pared: 9 pm
		Title XVIII	Hospi tal	PPS	· •
				1.00	
1.00	PART B - MEDICAL AND OTHER HEALTH SERVICES Medical and other services (see instructions)			15, 600	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			24, 422, 117	2.00
3.00	OPPS payments			22, 205, 648	
4.00 4.01	Outlier payment (see instructions) Outlier reconciliation amount (see instructions)			176, 151 0	4.00 4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000	
6.00	Line 2 times line 5			0	
7.00 8.00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col	. 13, line 200		238, 698	
10.00	Organ acqui si ti ons	-		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			15, 600	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES Reasonable charges				
12.00	Ancillary service charges			129, 646	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0	
14.00	Total reasonable charges (sum of lines 12 and 13) Customary charges			129, 646	14.00
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 payme			0	16.00
17.00	had such payment been made in accordance with 42 CFR §413.13(e)			0.000000	17.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			129, 646	
19.00	Excess of customary charges over reasonable cost (complete only if I	ine 18 exceeds li	ne 11) (see	114, 046	
20.00	instructions)	: 11   :	10) (	0	20.00
20.00	Excess of reasonable cost over customary charges (complete only if l instructions)	Ine II exceeds II	ne 18) (see	0	20.00
21.00	Lesser of cost or charges (see instructions)			15, 600	21.00
22.00	Interns and residents (see instructions)	`		0	22.00
23.00 24.00	Cost of physicians' services in a teaching hospital (see instruction Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)	IS)		0 22, 620, 497	23.00 24.00
24.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT			22,020,477	24.00
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			0	
26.00 27.00	Deductibles and Coinsurance amounts relating to amount on line 24 (f Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus th		· ·	4, 005, 089 18, 631, 008	
27.00	instructions)	le suil of fiftes 22		18, 031, 008	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0	
29.00 30.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			19 621 009	29.00 30.00
30.00	Subtotal (sum of lines 27 through 29) Primary payer payments			18, 631, 008 3, 491	1
32.00	Subtotal (line 30 minus line 31)			18, 627, 517	
~~ ~~	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00 34.00	Composite rate ESRD (from Wkst. I-5, line 11) Allowable bad debts (see instructions)			0 790, 731	33.00 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			513, 975	
36.00	Allowable bad debts for dual eligible beneficiaries (see instruction	is)		476, 254	36.00
37.00	Subtotal (see instructions)			19, 141, 492	
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00 39.50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			0	39.00 39.50
39.97	Demonstration payment adjustment amount before sequestration			0	
39.98	Partial or full credits received from manufacturers for replaced dev	vices (see instruc	ctions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			19, 141, 492	
40. 01 40. 02	Sequestration adjustment (see instructions) Demonstration payment adjustment amount after sequestration			382, 830	40. 01 40. 02
40.02	Interim payments			18, 635, 808	
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)		abanta: 1	122, 854	
44.00	Protested amounts (nonallowable cost report items) in accordance wit §115.2	n CMS Pub. 15-2,	cnapter 1,	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	
92.00	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0.00	92.00 93.00
93.00				0	1 / J. UU

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CC		Period: From 01/01/2018 To 12/31/2018	Date/Time Prep 5/30/2019 2:39	pared
			XVIII	Hospi tal	PPS	
		Inpatien	t Part A	Par	tВ	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider		50, 550, 32		18, 635, 808	1. C
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			ō	0	2. 0
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)					3.0
	Program to Provider					
01	ADJUSTMENTS TO PROVIDER			0	0	3.0
02 03				0	0	3. ( 3. (
03				0	0	3.
05				0	0	3. (
	Provider to Program			-		
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	3.
52				0	0	3.
53				0	0	3.
54 99	Subtotal (sum of lines 3.01–3.49 minus sum of lines			0	0	3. 3.
77	3. 50-3. 98)			0	0	3.
00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as		50, 550, 32	2	18, 635, 808	4.
	appropriate) TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after					5.
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
01	Program to Provider TENTATIVE TO PROVIDER			0	0	5.
02				0	0	5.
03				0	Ő	5.
	Provider to Program			-		
50	TENTATI VE TO PROGRAM			0	0	5.
51				0	0	5.
52 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0	0	5. 5.
99 00	5.50-5.98) Determined net settlement amount (balance due) based on				0	5. 6.
	the cost report. (1)					
01	SETTLEMENT TO PROVIDER			0	122, 854	6.
02	SETTLEMENT TO PROGRAM		559, 28		0	6.
00	Total Medicare program liability (see instructions)		49, 991, 03		18, 758, 662	7.
				Contractor Number	NPR Date (Mo/Day/Yr) 2.00	
00	Name of Contractor	L		1.00	2.00	8.

VALY:	SIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider C Component	CN: 15-0109 CCN: 15-T109	Period: From 01/01/2018 To 12/31/2018		parec
		Title	e XVIII	Subprovider - IRF	PPS	
		Inpatier	it Part A		rt B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00	Total interim payments paid to provider 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		3, 185, 8	36 0	0	2.0
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) Program to Provider					3. (
01	ADJUSTMENTS TO PROVIDER			0	0	
02				0	0	
03 04				0	0	
04				0	0	
	Provider to Program		I	-1	-	
50	ADJUSTMENTS TO PROGRAM			0	0	3.
51				0	0	
52				0	0	
53				0	0	
54				0	0	
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0	0	3.
00	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99)		3, 185, 8	26	0	4.
00	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3, 103, 0	30	0	4.
	TO BE COMPLÉTED BY CONTRACTOR					
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.
	Program to Provider					
01	TENTATI VE TO PROVIDER			0	0	
02				0	0	
03	Dravidar to Dragram			0	0	5.
50	Provider to Program TENTATIVE TO PROGRAM			0	0	5
50 51				0	0	
52				0	0	
99	Subtotal (sum of lines 5.01–5.49 minus sum of lines			0	0	
00	5.50-5.98) Determined net settlement amount (balance due) based on					6
	the cost report. (1)					
01	SETTLEMENT TO PROVIDER		60, 5	19	0	
02	SETTLEMENT TO PROGRAM		2 244 2		0	
00	Total Medicare program liability (see instructions)		3, 246, 3	55 Contractor	0 NPR Date	7
				Number	(Mo/Day/Yr)	
			о С	1.00	2.00	

Heal th	Financial Systems	FRANCI SCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0109	Peri od: From 01/01/2018 To 12/31/2018	Date/Time Pre	epared:
			Title XVIII	Hospi tal	5/30/2019 2:3 PPS	59 pili
					1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDA					-
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTI					
1.00	Total hospital discharges as defined in AAF			e 14		1.00
	2.00 Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12					2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, co					3.00
4.00	Total inpatient days from S-3, Pt. I col. 8		-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I,					5.00
6.00	Total hospital charity care charges from Wk	st. S-10, col. 3 li	ne 20			6.00
7.00	CAH only - The reasonable cost incurred for line 168	the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I		7.00
8.00	Calculation of the HIT incentive payment (s	see instructions)				8.00
9.00	Sequestration adjustment amount (see instru	uctions)				9.00
10.00	Calculation of the HIT incentive payment af	ter sequestration (	see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS		· · · · · · · · · · · · · · · · · · ·			
30.00	Initial/interim HIT payment adjustment (see	e instructions)				30.00
	Other Adjustment (specify)					31.00
	Balance due provider (line 8 (or line 10) m	ninus line 30 and li	ne 31) (see instruction	ns)		32.00

ALCU	I Financial Systems FRANCISCAN H LATION OF REIMBURSEMENT SETTLEMENT	IEALTH LAFAYETTE Provi der CCN: 15-0109	Peri od:	u of Form CMS-2 Worksheet E-3	
		Component CCN: 15-T109	From 01/01/2018 To 12/31/2018	Part III	pare
		Title XVIII	Subprovider -	PPS	<u>, bu</u>
				1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS			1.00	
. 00	Net Federal PPS Payment (see instructions)			2, 969, 572	1
. 00	Medicare SSI ratio (IRF PPS only) (see instructions)			0. 0244	2
. 00	Inpatient Rehabilitation LIP Payments (see instructions)			154, 715	3
. 00	Outlier Payments			216, 686	4
00	Unweighted intern and resident FTE count in the most rec to November 15, 2004 (see instructions)		0 1	0.00	5
01	Cap increases for the unweighted intern and resident FTE program or hospital closure, that would not be counted w CFR \$412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00	5
. 00	New Teaching program adjustment. (see instructions)			0.00	6
00	Current year's unweighted FTE count of I&R excluding FTE	s in the new program growth p	eriod of a "new	0.00	7
	teaching program" (see instructions)				
. 00	Current year's unweighted I&R FTE count for residents wi teaching program" (see instructions)		eriod of a "new	0.00	8
. 00	Intern and resident count for IRF PPS medical education	adjustment (see instructions)		0.00	9
D. 00 1. 00	Average Daily Census (see instructions) Teaching Adjustment Factor (see instructions)			10. 126027 0. 000000	
2.00	Teaching Adjustment (see instructions)			0.000000	12
3. 00	Total PPS Payment (see instructions)			3, 340, 973	13
. 00	Nursing and Allied Health Managed Care payments (see ins	truction)		0, 040, 779	14
5.00	Organ acquisition (DO NOT USE THIS LINE)				15
. 00	Cost of physicians' services in a teaching hospital (see	instructions)		0	16
. 00	Subtotal (see instructions)			3, 340, 973	17
3. 00	Primary payer payments			0	18
9. 00	Subtotal (line 17 less line 18).			3, 340, 973	19
. 00				22, 780	
. 00	Subtotal (line 19 minus line 20)			3, 318, 193	
2.00	Coinsurance			7, 340	
3.00	Subtotal (line 21 minus line 22)			3, 310, 853	
4.00	Allowable bad debts (exclude bad debts for professional	services) (see instructions)		0	24
5.00	Adjusted reimbursable bad debts (see instructions)	i notruoti eno)		0	25
5.00 7.00	Allowable bad debts for dual eligible beneficiaries (see Subtotal (sum of lines 23 and 25)	Instructions)		0 3, 310, 853	26
3.00	Direct graduate medical education payments (from Wkst. E	-1 line 19)		3, 310, 853	28
7.00 7.00	Other pass through costs (see instructions)	-4, 11116 49)		1, 754	
). 00	Outlier payments reconciliation			0	30
1.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	31
1.50	Pioneer ACO demonstration payment adjustment (see instru	ctions)		0	31
1. 99	Demonstration payment adjustment amount before sequestra			0	31
2.00				3, 312, 607	32
2. 01	Sequestration adjustment (see instructions)			66, 252	32
2. 02		i on			32
3. 00				3, 185, 836	
4.00	Tentative settlement (for contractor use only)			0	34
5.00	Balance due provider/program (line 32 minus lines 32.01,			60, 519	
6. 00	Protested amounts (nonallowable cost report items) in ac §115.2	cordance with CMS Pub. 15-2,	chapter 1,	0	36
0 00	TO BE COMPLETED BY CONTRACTOR		1	01/ /0/	- F
0.00	5	nc)		216, 686	
1.00 2.00	Outlier reconciliation adjustment amount (see instructio	115)		0	51
<. UU	The rate used to calculate the Time Value of Money Time Value of Money (see instructions)			0. 00 0	

	FINANCIAL SYSTEMS FRANCISCAN HEALTH			u of Form CMS-2	
ALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Peri od: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Pre 5/30/2019 2:3	pare
		Title XIX	Hospi tal	Cost	
			I npati ent	Outpati ent	
			1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SEI	RVICES FOR TITLES V OR >	(IX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				
. 00	Inpatient hospital/SNF/NF services		0		1.
. 00	Medical and other services			17, 260, 229	2.
. 00	Organ acquisition (certified transplant centers only)		0		3.
. 00	Subtotal (sum of lines 1, 2 and 3)		0	17, 260, 229	4.
. 00	Inpatient primary payer payments		0		5.
. 00	Outpatient primary payer payments			0	6.
. 00	Subtotal (line 4 less sum of lines 5 and 6)		0	17, 260, 229	7.
	COMPUTATION OF LESSER OF COST OR CHARGES				-
	Reasonable Charges				
. 00	Routine service charges		(1 020 040	114 055 444	8.
	Ancillary service charges Organ acquisition charges, net of revenue		61, 029, 940 0	114, 855, 444	9. 10.
	Incentive from target amount computation		0		11.
	Total reasonable charges (sum of lines 8 through 11)		61, 029, 940	114, 855, 444	12.
2.00	CUSTOMARY CHARGES		01, 02 7, 740	114, 033, 444	12.
3. 00	Amount actually collected from patients liable for payment fo	r services on a charge	0	0	13.
0.00	basi s	e controco on a onargo		Ũ	
4.00	Amounts that would have been realized from patients liable fo	r payment for services o	on 0	0	14.
	a charge basis had such payment been made in accordance with				
5.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0. 000000	15.
6.00	Total customary charges (see instructions)		61, 029, 940	114, 855, 444	16.
7.00	Excess of customary charges over reasonable cost (complete on	ly if line 16 exceeds	61, 029, 940	97, 595, 215	17
	line 4) (see instructions)				
8.00	Excess of reasonable cost over customary charges (complete on	ly if line 4 exceeds lir	ne 0	0	18.
	16) (see instructions)				
	Interns and Residents (see instructions)		0	0	19.
	Cost of physicians' services in a teaching hospital (see inst		0	17 2(0 220	20.
1.00	Cost of covered services (enter the lesser of line 4 or line PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	completed for DDS provi	dors	17, 260, 229	21.
	Other than outlier payments	compreted for PP3 provi	0	0	22
	Outlier payments		0	0	23.
	Program capital payments		0	0	24
	Capital exception payments (see instructions)		0		25
6.00	Routine and Ancillary service other pass through costs		0	0	26
	Subtotal (sum of lines 22 through 26)		0	0	27
8.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.
	Titles V or XIX (sum of lines 21 and 27)		0	17, 260, 229	29.
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
0.00	Excess of reasonable cost (from line 18)		0	0	30.
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6	)	0	17, 260, 229	31
	Deducti bl es		0	0	32
	Coinsurance		0	0	33.
	Allowable bad debts (see instructions)		0	0	
	Utilization review		0		35
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 an	d 33)	0	17, 260, 229	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.
	Subtotal (line 36 ± line 37)		0	17, 260, 229	
	Direct graduate medical education payments (from Wkst. E-4)		0	17 340 330	39
	Total amount payable to the provider (sum of lines 38 and 39)		0	17, 260, 229	
	Interim payments Balance due provider/program (line 40 minus line 41)		0	17, 260, 229	
	Protested amounts (nonallowable cost report items) in accorda	nce with CMS Dub 15 2	0	0	42
	Trotested amounts (nonarrowable Cost report ritems) In accorda	NGE WELLE GWD MUD TO-Z,	0	0	4J.

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0109	Period:	Worksheet E-3	
		Component CCN: 15-T109	From 01/01/2018 To 12/31/2018	Part VII Date/Time Pre 5/30/2019 2:3	
		Title XIX	Subprovider - IRF	Cost	
			I npati ent	Outpati ent	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SER	WICES FOR TITLES V OR X	1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES		TX SERVICES		
00	Inpatient hospital /SNF/NF services		0		1 1
00	Medical and other services			0	
00	Organ acquisition (certified transplant centers only)		0		1
00	Subtotal (sum of lines 1, 2 and 3)		0	0	
00	Inpatient primary payer payments		0	0	5
00	Outpatient primary payer payments		0	0	
00	Subtotal (line 4 less sum of lines 5 and 6) COMPUTATION OF LESSER OF COST OR CHARGES		0	0	
	Reasonable Charges				
00	Routi ne servi ce charges		0		1 8
00	Ancillary service charges		1, 317, 641	0	
. 00	Organ acquisition charges, net of revenue		0		10
. 00	Incentive from target amount computation		0		1
. 00	Total reasonable charges (sum of lines 8 through 11)		1, 317, 641	0	12
	CUSTOMARY CHARGES				
. 00	Amount actually collected from patients liable for payment for	r services on a charge	0	0	13
. 00	basis Amounts that would have been realized from patients liable for	- novement for convious of	n O	0	14
. 00	a charge basis had such payment been made in accordance with 4		0	0	14
. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)	<sup>12</sup> CIR 3413. 13(e)	0, 000000	0.000000	1
. 00	. ,		1, 317, 641	0	
. 00	Excess of customary charges over reasonable cost (complete onl	y if line 16 exceeds	1, 317, 641	0	1
	line 4) (see instructions)				
. 00	5 5 1	y if line 4 exceeds line	e 0	0	18
~~	16) (see instructions)			0	
. 00	Interns and Residents (see instructions)		0	0	
. 00 . 00	Cost of physicians' services in a teaching hospital (see instr Cost of covered services (enter the lesser of line 4 or line 1		0	0	
. 00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be			0	2
. 00			0	0	2:
. 00	Outlier payments		0	0	
. 00	Program capital payments		0		24
. 00	Capital exception payments (see instructions)		0		2!
. 00	Routine and Ancillary service other pass through costs		0	0	
. 00	Subtotal (sum of lines 22 through 26)		0	0	
. 00	Customary charges (title V or XIX PPS covered services only)		0	0	
. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	20
. 00	COMPUTATION OF REIMBURSEMENT SETTLEMENT Excess of reasonable cost (from Line 18)		0	0	30
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	
	Deductibles		0	0	
. 00			0	0	
. 00	Allowable bad debts (see instructions)		0	0	
00	Utilization review		0		3
. 00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and	33)	0	0	
. 00			0	0	
. 00			0	0	
. 00			0	0	30
. 00 . 00			0	0	
. 00			0	0	
. 00	Protested amounts (nonallowable cost report items) in accordar	nce with CMS Pub 15-2	0	0	
	chapter 1, §115.2		Ŭ	0	``

ind-t <u>i</u> il y)	ype accounting records, complete the General Fund column					
				From 01/01/2018 To 12/31/2018		
		General Fund	Specific Purpose Fund	Endowment Fund		
		1.00	2.00	3.00	4.00	
00	CURRENT ASSETS Cash on hand in banks	-23, 875		0 0	0	1
00	Temporary investments	-23,075		0 0	0	
	Notes receivable	0		0 0	0	
	Accounts receivable	66, 718, 405		0 0	0	
	Other receivable	00, 710, 405		0 0	0	
	Allowances for uncollectible notes and accounts receivable	-16, 763, 254		0 0	0	
	Inventory	4, 931, 777		0 0	Ő	
	Prepaid expenses	25, 878, 822	1	0 0	0	
	Other current assets	0	1	o o	0	
. 00	Due from other funds	0		o o	0	10
. 00	Total current assets (sum of lines 1-10)	80, 741, 875		o o	0	11
	FI XED ASSETS					
. 00	Land	12, 785, 293	1	0 0	0	12
. 00	Land improvements	3, 279, 055	1	0 0	0	13
	Accumulated depreciation	0	1	0 0	0	
	Bui I di ngs	269, 339, 341	1	0 0	0	
	Accumulated depreciation	0		0 0	0	
	Leasehold improvements	811, 902		0 0	0	
	Accumulated depreciation	0		0 0	0	
	Fixed equipment	0		0 0	0	
	Accumulated depreciation	0		0 0	0	
	Automobiles and trucks	0		0 0	0	
	Accumulated depreciation			0 0	0	
	Major movable equipment	96, 905, 786		0 0	0	
	Accumulated depreciation	-118, 628, 217		0 0	0	
	Minor equipment depreciable Accumulated depreciation	0		0	0	
	HIT designated Assets	0		0 0	0	
	Accumulated depreciation	0		0 0	0	
	Mi nor equi pment-nondepreci abl e	0		0 0	0	
	Total fixed assets (sum of lines 12-29)	264, 493, 160		0 0		
	OTHER ASSETS	201, 170, 100		<u> </u>		
	Investments	739, 048		0 0	0	31
	Deposits on Leases	0		0 0	0	
	Due from owners/officers	0	1	0 0	0	
. 00	Other assets	30, 587, 749	1	o o	0	34
6. 00	Total other assets (sum of lines 31-34)	31, 326, 797	1	o o	0	35
. 00	Total assets (sum of lines 11, 30, and 35)	376, 561, 832		o o	0	36
	CURRENT LI ABI LI TI ES					
. 00	Accounts payable	18, 672, 953		0 0	0	37
. 00	Salaries, wages, and fees payable	9, 963, 266		0 0	0	38
	Payroll taxes payable	0	1	0 0	0	
	Notes and loans payable (short term)	0	1	0 0	0	
	Deferred income	0	1	0 0	0	
	Accelerated payments	0				42
	Due to other funds	5,063,064		0 0	0	
	Other current liabilities	128, 722		0 0		
	Total current liabilities (sum of lines 37 thru 44)	33, 828, 005	L	0 0	0	45
	LONG TERM LI ABI LI TI ES	0				1.
	Mortgage payable	0		0 0	-	
	Notes payable Unsecured Loans	0		0 0 0 0	0	
	Other long term liabilities	_10 0/1 110		0 0	0	
	Total long term liabilities (sum of lines 46 thru 49)	-12, 241, 112 -12, 241, 112		0 0	0	
	Total liabilities (sum of lines 45 and 50)	21, 586, 893		0 0		
	CAPITAL ACCOUNTS	21, 500, 075		<u> </u>	0	1 )
	General fund balance	354, 974, 939		1		52
	Specific purpose fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		o	1	53
	Donor created - endowment fund balance - restricted		1	0	1	54
	Donor created - endowment fund balance - unrestricted		1	0	1	55
	Governing body created - endowment fund balance		1	0	1	56
	Plant fund balance - invested in plant		1		0	
	Plant fund balance - reserve for plant improvement,		1		0	
	replacement, and expansion		l		Ĩ	
		354, 974, 939	1	a a	0	59
. 00	Total fund balances (sum of lines 52 thru 58)	334, 774, 737	1	0 0	U U	4 5 5

	2	FRANCI SCAN HEAL					u of Form CMS-2	
STATEN	ENT OF CHANGES IN FUND BALANCES		Provider CC	CN: 15-0109		riod: om 01/01/2018 12/31/2018	Worksheet G-1 Date/Time Pre 5/30/2019 2:3	pared:
		General	Fund	Speci al	Pur	pose Fund	Endowment Fund	
		1.00	2.00	3, 00		4.00	5.00	
1.00           2.00           3.00           4.00           5.00           6.00           7.00           8.00           9.00           10.00           11.00           12.00           13.00           14.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify) Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) CHANGE IN NON CONTROLLING INTEREST I	0 0 0 0 0 0 0 5, 185, 201	2100 319, 310, 193 40, 979, 495 360, 289, 688 0 360, 289, 688			0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00
15.00 16.00 17.00 18.00 19.00	CHANGE IN DONOR RESTRICTIONS Total deductions (sum of lines 12-17) Fund balance at end of period per balance <u>sheet (line 11 minus line 18)</u>	129,548 0 0 Endowment Fund	5, 314, 749 354, 974, 939 PI ant		0	0 0	0 0 0	15.00 16.00 17.00 18.00 19.00
		6,00	7.00	8,00				
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) Additions (credit adjustments) (specify)	0	0 0 0 0 0 0 0 0 0		0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) (specify) CHANGE IN NON CONTROLLING INTEREST I CHANGE IN DONOR RESTRICTIONS Total deductions (sum of lines 12-17)	0 0	0 0 0 0 0 0		0 0			10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0			0			19.00

Cost Center Description         Inpatient         Outpatient         Tota           PART I - PATIENT REVENUES         1.00         2.00         3.00           General Inpatient Routine Services         68,083,399         68,08           1.00         Hospital         68,083,399         68,08           2.00         SUBPROVIDER - IPF         6,275,223         6,27           3.00         SUBPROVIDER - IRF         6,275,223         6,27           4.00         SUBPROVIDER         0         0         0           5.00         Swing bed - NF         0         0         0           7.00         SKILLED NURSING FACILITY         0         0         74,358,622         74,35           9.00         OTHER LONG TERM CARE         16,897,974         16,897,974         16,897,974           11.00         INTENSIVE CARE UNIT         16,498,498         16,45           11.00         INRINITENSIVE CARE UNIT         16,498,498         16,45           11.00	CMS-2552-10
Cost Center Description         Inpatient         Outpatient         Tota           PART I - PATLENT REVENUES         0         2.00         3.00           General Inpatient Routine Services         68,083,399         68,08         0           1.00         Hospital         68,083,399         68,08         0           2.00         SUBPROVIDER - IPF         6,275,223         6,27         0           3.00         SUBPROVIDER - IRF         0         0         0         0           5.00         Swing bed - SNF         0         0         0         0         0           0.00         NURSING FACILITY         0         0         74,358,622         74,358         74,358           10.00         Total general inpatient care services (sum of lines 1-9)         74,358,622         74,358         74,358           11.00         INTENSIVE CARE UNIT         16,897,974         16,68         16,69         10,97         10,05         10,07,75         540,491,497         10,07,75         10,77         10,07,75         540,491,497         10,05,29         10,77         10,07,75         540,491,497         10,05,33,33         10,77,55,094         10,77,55,094         10,77,55,094         10,77,55,094         10,77,55,094         10,77,55,094 <td></td>	
PART I - PATIENT REVENUES           General Inpatient Routine Services           Hospital           0.00           SUBPROVIDER - IPF           3.00           3.00           SUBPROVIDER - IRF           6.275,223           6.275,223           6.275,223           6.275,223           6.275,223           6.275,223           6.276,223           6.276,223           6.277,223           7.00           SUBPROVIDER           0.00           SUBPROVIDER           0.00           0.01           0.02           0.03           0.03           0.04           0.05           0.06           1.00           0.0714           1.00           0.0714           1.00           0.0714           1.00           1.00           1.00           1.00           1.00           1.00           1.00           0.0714           1.00           1.00           1.01	
Ceneral Inpatient Routine Services           1.00         Hospital         68,083,399         68,08           2.00         SUBPROVIDER - IPF         6,275,223         6,27           3.00         SUBPROVIDER - INF         6,275,223         6,27           5.00         Swing bed - SNF         0         0           5.00         Swing bed - NF         0         0           5.00         SKILLED NURSING FACILITY         0         0           9.00         OTHER LONG TERM CARE         0         74,358,622         74,35           10.00         INTENSIVE CARE UNIT         16,897,974         16,85         16,498           11.00         BURN INTENSIVE CARE UNIT         16,498,498         16,44         10,07           11.00         BURN INTENSIVE CARE UNIT         16,498,498         16,44         10,07         107,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,755,094         100,756,094         100,755,094         100,755,094         100,755,094         100,756,094         100,756,094         100,756,094         10	
1.00       Hospital       68,083,399       68,083,399         2.00       SUBPROVIDER - IPF       6,275,223       6,27         3.00       SUBPROVIDER       0       0         5.00       Swing bed - SNF       0       0         6.00       Swing bed - SNF       0       0         7.00       SKILLED NURSING FACILITY       0       0         8.00       NURSING FACILITY       0       0         9.00       Total general inpatient care services (sum of lines 1-9)       74,358,622       74,33         11.00       Total general inpatient care services (sum of lines 1-9)       74,358,622       74,33         11.00       INTENSIVE CARE UNIT       16,897,974       16,897         12.00       CORONATAL INTENSIVE CARE UNIT       16,498,498       16,47         13.00       BURN INTENSIVE CARE UNIT       16,498,498       16,47         11.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         14.00       Total inpatient coult cents ervices       15,729,109       90,550,962       106,33         12.00       Rudau HEALTH AGENCY       9,653,17       540,491,497       1,36,55         13.00       Upatient services       0       0	
2.00         SUBPROVIDER - IPF         6,275,223         6,27           3.00         SUBPROVIDER - IPF         6,275,223         6,27           5.00         Swing bed - SNF         0         0           5.00         Swing bed - SNF         0         0           5.00         Sking bed - NF         0         0           7.00         SKILLED NURSING FACILITY         0         0           9.00         OTHER LONG TERM CARE         0         16,897,974           10.00         Total general inpatient care services (sum of lines 1-9)         74,358,622         74,35           11.00         INTENSIVE CARE UNIT         16,897,974         16,897,974           12.00         CORNARY CARE UNIT         16,498,498         16,44           13.00         BURN INTENSIVE CARE UNIT         16,498,498         16,44           11.00         Total intensive care type inpatient hospital services (sum of lines 10,755,094         107,75         107,75           11.00         Total inpatient routine care services (sum of lines 10 and 16)         107,755,094         10,75           13.00         RURAL HEALTH CLINIC         1,366,647         10,36,55           19.00         Outpatient services         0         0         0 <t< td=""><td>200 1 00</td></t<>	200 1 00
3.00         SUBPROVIDER - IRF         6, 275, 223         6, 275, 223           4.00         SUBPROVIDER         0         0           5.00         Swing bed - SNF         0         0           6.00         Swing bed - SNF         0         0           7.00         SKILLED NURSING FACILITY         0         0           8.00         NURSING FACILITY         0         0           10.00         Total general inpatient care services (sum of lines 1-9)         74, 358, 622         74, 35           11.00         INTENSIVE CARE UNIT         16, 897, 974         16, 68           12.00         CORONARY CARE UNIT         16, 498, 498         16, 44           13.00         BURN INTENSIVE CARE UNIT         16, 498, 498         16, 44           14.00         SURGICAL INTENSIVE CARE UNIT         16, 498, 498         16, 44           15.00         NEONATAL INTENSIVE CARE UNIT         16, 496, 054, 517         540, 491, 497         1, 036, 552           11-15)         11-150         107, 755, 094         107, 755         106, 32         107, 755           10.00         INTRA HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0	, 399 1. 00 2. 00
4.00       SUBPROVIDER       0         5.00       Swing bed - SNF       0         6.00       Swing bed - NF       0         7.00       SKILLED NURSING FACILITY       0         9.00       OTHER LONG TEM CARE       0         10.00       Total general inpatient care services (sum of lines 1-9)       74, 358, 622       74, 35         11.00       INTENSIVE CARE UNIT       16, 897, 974       16, 89         12.00       CORONARY CARE UNIT       16, 498, 498       16, 49         13.00       BURN INTENSIVE CARE UNIT       16, 498, 498       16, 49         14.00       Surgical Intensive care type inpatient hospital services (sum of lines 13, 396, 472       33, 39         11.100       NEOMATAL INTENSIVE CARE UNIT       16, 498, 498       16, 49         10.00       Total inpatient routine care services (sum of lines 10 and 16)       107, 755, 094       107, 75         11.00       Neconatient services       15, 729, 109       90, 590, 962       106, 32         20.00       RURAL HEALTH CLINIC       0       0       0       0         21.00       RURAL HEALTH CLINIC       0       0       0       0       0       0       0       0       0       0       0       0       0	
5.00         Swing bed - SNF         0           6.00         Swing bed - NF         0           7.00         SKILLED NURSING FACILITY         0           8.00         NURSING FACILITY         0           9.00         OTHER LONG TERM CARE         74, 358, 622           11.00         INTENSIVE CARE UNIT         16, 897, 974           11.00         INTENSIVE CARE UNIT         16, 897, 974           11.00         SURGICAL INTENSIVE CARE UNIT         16, 498, 498           11.00         SURGICAL INTENSIVE CARE UNIT         16, 498, 498           11.00         Total inpatient routine care services (sum of lines 10 and 16)         107, 755, 094           11.01         Intensive care type inpatient hospital services (sum of lines 10 and 16)         107, 755, 094           11.00         Total inpatient routine care services (sum of lines 10 and 16)         107, 755, 094           11.00         RARL HALTH CLINIC         90, 590, 962           10.00         RRAL HEALTH CLINIC         0           10.00         RRAL HEALTH CLINIC         0           10.00         FERALLY OULLFIED HEALTH CENTER         0         0           10.00         RAULPALIFIED HEALTH CENTER         0         0         0           10.00         CHRAL HEALTH CL	4.00
6.00       Swing bed - NF       0       0         7.00       SKILLED NURSING FACILITY       0       0         8.00       NURSING FACILITY       74,358,622       74,35         9.00       OTHER LONG TERM CARE       74,358,622       74,35         10.00       Total general inpatient care services (sum of lines 1-9)       74,358,622       74,35         11.00       INTENSIVE CARE UNIT       16,897,974       16,69         12.00       CORONARY CARE UNIT       16,498,498       16,44         15.00       NEONATAL INTENSIVE CARE UNIT       16,498,498       16,45         11.1-15       11.1-15       100,755,094       107,75         11.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         11.00       Outpatient services       15,729,109       90,590,962       106,32         10.00       Rull Hazth LLNIC       0       0       0       0       0       0       107,755,094       107,75       10,32,57       106,32       106,32       106,32       106,32       107,755,094       107,75       107,75       106,04,045,054,017       107,75       106,04,054,051,75       107,97       106,032       106,054,051,75       107,97       106,054,051,75	0 5.00
7.00         SKILED NURSING FACILITY         74,358,622         74,35           8.00         NURSING FACILITY         74,358,622         74,35           10.00         Ottal general inpatient care services (sum of lines 1-9)         74,358,622         74,35           11.00         Intensive Care Type Inpatient Hospital Services         16,897,974         16,897,974         16,897,974           11.00         INTENSIVE CARE UNIT         16,498,498         16,49         16,498         16,49           13.00         BURN INTENSIVE CARE UNIT         16,498,498         16,49         16,49           14.00         SURGICAL INTENSIVE CARE UNIT         16,498,498         16,49           15.00         NEONATAL INTENSIVE CARE UNIT         16,498,498         16,49           16.00         Total inpatient routine care services (sum of lines 10 and 16)         107,755,094         107,75           10.00         Outpatient services         10,05,54         10,36,54         10,36,54           10.00         Outpatient services         10,07,755,094         107,75         10,05,96         106,37           10.00         Outpatient services         10,77         540,491,497         1,036,54         1,037,96           10.00         Outpatient services         107,755,094         107,7	0 6.00
8 00         NURSI NG FACILITY         74,358,622         74,358,622           9.00         OTHER LONG TERM CARE         74,358,622         74,358,622         74,358,622           1.00         INTENSI VE CARE UNIT         16,897,974         16,857,974         16,857,974           12.00         CORONARY CARE UNIT         16,498,498         16,44           13.00         BURN INTENSI VE CARE UNIT         16,498,498         16,44           14.00         Total intensive Care type inpatient hospital services (sum of lines         33,396,472         33,396,472           11.00         Total inpatient routine care services (sum of lines 10 and 16)         107,755,094         107,75           11.00         Outpatient services         15,729,109         90,590,962         106,32           12.00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0           12.00         FEDERALLY QUALIFIED HEALTH CENTER         0         0         0         0         0         0         0           13.00         AURAL HEALTH CLINIC         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <td>7.00</td>	7.00
10.00         Total general inpatient care services (sum of lines 1-9)         74, 358, 622         74, 35           Intensive Care Type Inpatient Hospital Services	8.00
Intensive Care Type Inpatient Hospital Services           11.00         INTENSIVE CARE UNIT         16,897,974         16,897,974           12.00         CORONARY CARE UNIT         16,897,974         16,897,974           13.00         BURN INTENSIVE CARE UNIT         16,498,498         16,497           14.00         SURGICAL INTENSIVE CARE UNIT         16,498,498         16,497           15.00         NEONATAL INTENSIVE CARE UNIT         16,498,498         16,497           11.15)         16,498,498         16,497         33,396,472           11.15)         16,498,498         107,755,094         107,755,094           11.15)         0         Outpatient services         496,054,517         540,491,497         1,036,55           19.00         Outpatient services         15,729,109         90,590,962         106,32           20.00         RURAL HEALTH CLINIC         0         0         0         0           22.00         HOME HEALTH ACENCY         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,683,020         9,77,00         13,676,642         13,746,642	9.00
11.00       INTENSIVE CARE UNIT       16,897,974       16,897,974         12.00       CORONARY CARE UNIT       16,498,498       16,498         13.00       BURN INTENSIVE CARE UNIT       16,498,498       16,498         14.00       SURGICAL INTENSIVE CARE UNIT       16,498,498       16,497         15.00       NEONATAL INTENSIVE CARE UNIT       16,498,498       16,497         16.00       Total intensive care type inpatient hospital services (sum of lines       33,396,472       33,396,472         1115)       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,755         18.00       Ancillary services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0         21.00       FDEPRALLY DUALIFIED HEALTH CENTER       0       0       0         22.00       AMBULANCE SERVICES       0       0       0       0       0         24.00       CMHC       0       0       0       13,404,215       13,402       13,404       14,307,05         25.00       AMBULANCE SERVICES       0       0       19,708,612       19,70       19,708,612       19,70       13,676,642       13,676,642       13,676,642	622 10.00
12.00       CORONARY CARE UNIT       13.00       BURN INTENSIVE CARE UNIT         13.00       BURGI CAL INTENSIVE CARE UNIT       16,498,498       16,49         14.00       SURGI CAL INTENSIVE CARE UNIT       16,498,498       16,49         15.00       NEONATAL INTENSIVE CARE UNIT       16,498,498       16,49         11-15)       100       Total intensive care type inpatient hospital services (sum of lines       33,396,472       33,39         17.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         18.00       Ancillary services       16,498,498       16,49         20.00       RURAL HEALTH CLINIC       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0         22.00       RUBULANCE SERVICES       0       0       0         23.00       AMBULATORY SURGICAL CENTER (D.P.)       0       13,404,215       13,404         25.00       AMBULATORY SURGICAL CENTER (D.P.)       0       13,676,642       13,676       13,676         42.00       CMHC       0       13,676,642       13,676       13,676       13,670       13,676       13,670       13,676       13,670       687,554       948       1,307,05       637,516	
13.00       BURN INTENSIVE CARE UNIT       14.00       SURGI CAL INTENSIVE CARE UNIT         15.00       NEONATAL INTENSIVE CARE UNIT       16,498,498       16,49         15.00       Total intensive care type inpatient hospital services (sum of lines       33,396,472       16,49         11-15)       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         18.00       Ancillary services       496,054,517       540,491,497       1,036,52         19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0         22.00       HOME HEALTH AGENCY       9,683,020       9,683       9,683,020       9,683         23.00       AMBULANCE SERVICES       0       0       13,404,215       13,404         24.00       CMHC       0       19,708,612       19,708       19,708         25.00       AMBULATORY SURGICAL CENTER (D. P. )       0       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642	
14.00       SURGICAL INTENSIVE CARE UNIT       16,498,498       16,46         15.00       NEOMATAL INTENSIVE CARE UNIT       16,498,498       16,46         16.00       Total intensive care type inpatient hospital services (sum of lines 10 and 16)       107,755,094       107,75         17.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         18.00       Ancillary services       496,054,517       540,491,497       1,036,54         20.00       RURAL HEALTH CLINIC       0       0       0       0       0       0         22.00       HOME HEALTH ACENTER       0       10,75       0       0       10,75       0       0       10,75       0       0       0       10,76       0 <td< td=""><td>12.00</td></td<>	12.00
15.00       NEONATAL INTENSIVE CARE UNIT       16, 498, 498       16, 498, 498         16.00       Total intensive care type inpatient hospital services (sum of lines 10 and 16)       33, 396, 472       33, 396, 472         11-15)       Total inpatient routine care services (sum of lines 10 and 16)       107, 755, 094       107, 75         18.00       Ancillary services       496, 054, 517       540, 491, 497       1, 036, 54         20.00       RURAL HEALTH CLINIC       0       0       0       0         21.00       FEDERALLY OUALIFIED HEALTH CENTER       0       0       0       0         22.00       HOME HEALTH AGENCY       9, 683, 020       9, 683       9, 683       9, 683       13, 404, 215       13, 404         25.00       AMBULANCE SERVICES       0       19, 708, 612       19, 708       19, 708       19, 708       19, 708       19, 708       19, 708       13, 676, 642       13, 697, 554	13.00
16.00       Total intensive care type inpatient hospital services (sum of lines 11-15)       33,396,472       33,396,472         17.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,755,094         18.00       Ancillary services       496,054,517       540,491,497       1,036,52         19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0         22.00       HOME HEALTH AGENCY       0       0       0         24.00       CMHC       0       13,404,215       13,404         25.00       AMBULANCE SERVICES       0       19,708,612       19,706         26.00       HOSPICE       0       19,708,612       19,706         27.00       OTHER NON REIMBURSEABLE       0       13,676,642       13,676         28.00       Otheratient revenues (sum of lines 17-27)(transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         99.00       Operating expenses (per Wkst. A, column 3, line 200)       0       309,609,560       0         31.00       0       0       0	14.00
11-15)       17.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,75         18.00       Ancillary services       496,054,517       540,491,497       1,036,54         19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0         21.00       FEDERALLY OUALIFIED HEALTH CENTER       0       0       0         22.00       HOME HEALTH AGENCY       9,683,020       9,683       9,683         23.00       AMBULANCE SERVICES       0       13,404,215       13,402         24.00       CMHC       0       0       19,708,612       19,708         25.00       AMBULATORY SURGICAL CENTER (D. P. )       0       13,676,642       13,676         26.00       HOSPICE       0       13,676,642       13,676       13,676,642       13,676         28.00       Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         99.00       Operating expenses (per Wkst. A, column 3, line 200)       0       0       309,609,560       0         30.00       30.00       ADD (SPECIFY)       0       0       0	
17.00       Total inpatient routine care services (sum of lines 10 and 16)       107,755,094       107,755,094         18.00       Ancillary services       496,054,517       540,491,497       1,036,52         19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0       0         22.00       HOME HEALTH AGENCY       9,683,020       9,682       13,404,215       13,404         23.00       AMBULATORY SURGICAL CENTER (D. P.)       0       19,708,612       19,708,612       19,708         26.00       HOSPICE       0       13,676,642       13,676       13,676,642       13,67         28.00       Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         9.00       Operating expenses (per Wkst. A, column 3, line 200)       0       309,609,560       0         30.00       30.00       0       0       0       0       0         31.00       0       0       0       0       0       0       0 <td>, 472 10.00</td>	, 472 10.00
18.00       Ancillary services       496,054,517       540,491,497       1,036,54         19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0       0         22.00       HOME HEALTH AGENCY       9,683,020       9,683       9,683         23.00       AMBULANCE SERVICES       0       13,404,215       13,404         24.00       CMHC       0       0       0         25.00       AMBULATORY SURGICAL CENTER (D.P.)       0       13,676,642       13,676         26.00       HOSPICE       0       13,676,642       13,67         28.00       Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         PART 11 - OPERATING EXPENSES       0       309,609,560       0       0       0         31.00       300       0       0       0       0       0       0       0         32.00       30.00       0       0       0       0       0       0       0       0         94.00       0	094 17.00
19.00       Outpatient services       15,729,109       90,590,962       106,32         20.00       RURAL HEALTH CLINIC       0       0         21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0         22.00       HOME HEALTH AGENCY       9,683,020       9,683         23.00       AMBULANCE SERVICES       0       13,404,215       13,404         24.00       CMHC       0       13,676,642       13,676         25.00       AMBULATORY SURGICAL CENTER (D. P.)       0       19,708,612       19,70         26.00       HOSPICE       0       13,676,642       13,676         27.00       OTHER NON REIMBURSEABLE       0       13,676,642       13,676         28.00       OTHER NON REIMBURSEABLE       0       13,676,642       13,676         29.00       Operating expenses (per Wkst. A, column 3, line 200)       309,609,560       687,554,948       1,307,05         30.00       30.00       0       0       0       0       0       0         31.00       0       0       0       0       0       0       0       0         31.00       0       0       0       0       0       0       0       0 <t< td=""><td></td></t<>	
21.00       FEDERALLY QUALIFIED HEALTH CENTER       0       0         22.00       HOME HEALTH AGENCY       9, 683, 020       9, 683         23.00       AMBULANCE SERVICES       0       13, 404, 215       13, 404         24.00       CMHC       0       13, 404, 215       13, 404         25.00       AMBULATORY SURGICAL CENTER (D. P.)       0       19, 708, 612       19, 708         26.00       HOSPICE       0       13, 676, 642       13, 676       642       13, 676         27.00       OTHER NON REI MBURSEABLE       0       13, 676, 642       13, 676       642       13, 676         28.00       Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.       619, 538, 720       687, 554, 948       1, 307, 05         G-3, line 1)       PART 11 - OPERATING EXPENSES       0       309, 609, 560       0         92.00       Operating expenses (per Wkst. A, column 3, line 200)       0       309, 609, 560       0         31.00       0       0       0       0       0       0       0         33.00       0       0       0       0       0       0       0       0         33.00       0       0       0       0       0       0	
22.00       HOME HEALTH AGENCY       9,683,020       9,683         23.00       AMBULANCE SERVICES       0       13,404,215       13,404         24.00       CMHC       0       13,404,215       13,404         25.00       AMBULATORY SURGICAL CENTER (D. P.)       0       19,708,612       19,70         26.00       HOSPICE       0       13,676,642       13,67         27.00       OTHER NON REI MBURSEABLE       0       13,676,642       13,67         28.00       Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         9.00       Operating expenses (per Wkst. A, column 3, line 200)       309,609,560       13,00       13,00         31.00       32.00       0       0       0       0       0         33.00       33.00       0       0       0       0       0       0	0 20.00
23.00       AMBULANCE SERVICES       0       13,404,215       13,404,215         24.00       CMHC       13,404,215       13,404,215       13,404,215         25.00       AMBULATORY SURGICAL CENTER (D.P.)       0       19,708,612       19,702         26.00       HOSPICE       0       19,708,612       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,676,642       13,070,09         27.00       Other Non Rei MBURSEABLE       0       11	0 21.00
24.00       CMHC         25.00       AMBULATORY SURGICAL CENTER (D. P.)         26.00       HOSPICE         0       19,708,612         27.00       OTHER NON REI MBURSEABLE         0       Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.         G-3, line 1)       619,538,720         PART 11 - OPERATING EXPENSES         29.00       Operating expenses (per Wkst. A, column 3, line 200)         ADD (SPECIFY)       0         31.00       0         32.00       0         34.00       0	, 020 22. 00
25.00       AMBULATORY SURGICAL CENTER (D. P.)         26.00       HOSPICE       0         27.00       OTHER NON REIMBURSEABLE       0         28.00       Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.       619, 538, 720         687, 554, 948       1, 307, 05         6-3, line 1)       PART II - OPERATING EXPENSES         29.00       Operating expenses (per Wkst. A, column 3, line 200)       309, 609, 560         31.00       0         33.00       0         33.00       0	
26.00       HOSPICE       0       19,708,612       19,70         27.00       OTHER NON REIMBURSEABLE       0       13,676,642       13,67         28.00       Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,05         29.00       Operating expenses (per Wkst. A, column 3, line 200)       309,609,560       0         31.00       32.00       0       0       0         33.00       0       0       0       0	24.00
27.00       OTHER NON REIMBURSEABLE       0       13,676,642       13,67       13,67         28.00       Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.       619,538,720       687,554,948       1,307,09         PART II - OPERATING EXPENSES       0       309,609,560       0         29.00       Operating expenses (per Wkst. A, column 3, line 200)       0       309,609,560       0         31.00       32.00       0       0       0       0       0         33.00       34.00       0       0       0       0       0	25.00
28.00         Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst.         619, 538, 720         687, 554, 948         1, 307, 05           G-3, line 1)         PART 11 - OPERATING EXPENSES         900         309, 609, 560         309, 609, 560         309, 609, 560         100	
G-3, line 1)         PART 11         OPERATING EXPENSES           29.00         Operating expenses (per Wkst. A, column 3, line 200)         309, 609, 560           30.00         ADD (SPECIFY)         0           31.00         0         0           32.00         0         0           34.00         0         0	
PART II - OPERATING EXPENSES           29.00         Operating expenses (per Wkst. A, column 3, line 200)         309, 609, 560           30.00         ADD (SPECIFY)         0           31.00         0         0           32.00         0         0           33.00         0         0	, 668 28. 00
29.00       Operating expenses (per Wkst. A, column 3, line 200)       309, 609, 560         30.00       ADD (SPECIFY)       0         31.00       0       0         32.00       0       0         33.00       0       0         34.00       0       0	
30. 00       ADD (SPECIFY)       0         31. 00       0       0         32. 00       0       0         33. 00       0       0         34. 00       0       0	29.00
32.00     0       33.00     0       34.00     0	30.00
33.00     0       34.00     0	31.00
34.00	32.00
	33.00
35.00	34.00
	35.00
36.00 Total additions (sum of lines 30-35) 0	36.00
37. 00 DEDUCT (SPECI FY) 0	37.00
38.00	38.00
39.00     0       40.00     0	39.00
40.00	40.00
41.00 42.00 Total deductions (sum of lines 37-41)	41.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer 309, 609, 560	43.00
to Wst. G-3, line 4)	

Heal th	Financial Systems FRANCISCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-2	2552-10
STATEM	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0109	Peri od:	Worksheet G-3	
			From 01/01/2018 To 12/31/2018	Date/Time Pre	nared
			10 12/31/2010	5/30/2019 2:30	
				1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, lin	e 28)		1, 307, 093, 668	1.00
2.00	Less contractual allowances and discounts on patients' accoun	ts		964, 228, 325	2.00
3.00	Net patient revenues (line 1 minus line 2)			342, 865, 343	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line	43)		309, 609, 560	4.00
5.00	Net income from service to patients (line 3 minus line 4)			33, 255, 783	5.00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6.00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communication	servi ces		0	8.00
9.00	Revenue from television and radio service			0	9.00
10.00	Purchase di scounts			0	10.00
11.00	Rebates and refunds of expenses			0	11.00
12.00	Parking lot receipts			0	12.00
13.00	Revenue from laundry and linen service			0	13.00
14.00	Revenue from meals sold to employees and guests			0	14.00
15.00	Revenue from rental of living quarters			0	15.00
16.00	Revenue from sale of medical and surgical supplies to other t	han patients		0	16.00
17.00	Revenue from sale of drugs to other than patients			0	17.00
18.00	Revenue from sale of medical records and abstracts			0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	20.00
21.00	Rental of vending machines			0	21.00
22.00	Rental of hospital space			0	22.00
23.00	Governmental appropriations			0	23.00
24.00	OTHER I NCOME			7, 723, 712	
25.00	Total other income (sum of lines 6-24)			7, 723, 712	
26.00	Total (line 5 plus line 25)			40, 979, 495	
	OTHER EXPENSES (SPECIFY)			0	27.00
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)			40, 979, 495	29.00

	Financial Systems		FRANCISCAN HEAL			1_		u of Form CMS-	2552-10
ANALYS	IS OF HOSPITAL-BASED HOME HEALT	H AGENCY COSTS			CN: 15-0109	Fro	riod: om 01/01/2018	Worksheet H	
				HHA CCN:	15-7124	То		5/30/2019 2:3	pared: 9 pm
							Home Health Agency I	PPS	
		Sal ari es		Transportati on		Pur	Other Costs	Total (sum of	
			Benefits	(see instructions)	chased Servi ces			cols. 1 thru 5)	
	GENERAL SERVICE COST CENTERS	1.00	2.00	3.00	4.00		5.00	6.00	
1.00	Capital Related - Bldg. &			C			0	0	1.00
2.00	Fixtures Capital Related - Movable			, and the second s			0	o	2.00
	Equipment						0	-	
3.00 4.00	Plant Operation & Maintenance Transportation	0	0			0	0	0	
5.00	Administrative and General	669, 545	-	-		-	129, 755	902, 205	1
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	846, 572	0	69, 648	6	510	85	916, 915	6.00
7.00	Physical Therapy	499, 252	0	40, 566	58, 5		0	598, 372	
8.00 9.00	Occupational Therapy Speech Pathology	250, 822 34, 728		20, 541 3, 386		0	0	271, 363 38, 114	
9.00 10.00	Medical Social Services	2, 522	-	3, 360		0	0	2, 524	
11.00	Home Health Aide	56, 972		22, 888		0	0	79, 860	
12. 00 13. 00	Supplies (see instructions) Drugs	0 422		0 122		0 20	68, 608 248, 278	68, 608 248, 842	
14.00	DME	0				0	0	0	
15.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0	C		0	0	0	15.00
16.00	Respiratory Therapy	0				0	0	0	
17.00 18.00	Private Duty Nursing Clinic	0	0	0		0	0	0	
18.00 19.00	Health Promotion Activities	0	0			0	0	0	
20.00	Day Care Program	0	0	C		0	0	0	
21.00 22.00	Home Delivered Meals Program Homemaker Service	0	0			0 0	0	0	
23.00	All Others (specify)	939, 204	-	11, 993		-	3, 005, 652	4, 083, 789	23.00
23.50 24.00	Telemedicine Total (sum of lines 1–23)	0 3, 300, 039	0 291	0 177, 396	280, 4	0 188	0 3, 452, 378	0 7, 210, 592	
21100		Recl assi fi cati	Recl assi fi ed	Adjustments	Net Expense	es	0, 102, 070	112101012	21100
		on	Trial Balance (col. 6 +		for Allocati (col. 8 + co				
		7.00	col.7)		9)				-
	GENERAL SERVICE COST CENTERS	7.00	8.00	9.00	10.00				
1.00	Capital Related - Bldg. &	0	0	C	)	0			1.00
2.00	Fixtures Capital Related - Movable	0	0	C		0			2.00
	Equi pment								0.00
3.00 4.00	Plant Operation & Maintenance Transportation	0	-			0 0			3.00 4.00
5.00	Administrative and General	0				509			5.00
6.00	HHA REIMBURSABLE SERVICES Skilled Nursing Care	0	916, 915	C	916, 9	915			6.00
7.00	Physi cal Therapy	0	598, 372	C	598, 3	372			7.00
8.00 9.00	Occupational Therapy Speech Pathology	0	271, 363 38, 114						8.00 9.00
10.00	Medical Social Services	0	2, 524						10.00
11.00	Home Health Aide	0	79, 860						11.00
12. 00 13. 00	Supplies (see instructions) Drugs	0	68, 608 248, 842						12.00 13.00
14.00	DME	0				0			14.00
15.00	HHA NONREIMBURSABLE SERVICES Home Dialysis Aide Services	0	0	C		0			15.00
16.00	Respiratory Therapy	0		-		0			16.00
17.00	Private Duty Nursing	0	0	0		0			17.00
18. 00 19. 00	Clinic Health Promotion Activities	0	0			0			18.00 19.00
20.00	Day Care Program	0	0	C		0			20.00
	Home Delivered Meals Program Homemaker Service	0				0			21.00 22.00
23.00	All Others (specify)	0	4, 083, 789	0	4, 083, 7	789			23.00
	Telemedicine Total (sum of lines 1–23)	0	0 7, 210, 592	0 -596		0			23.50 24.00
24. UU	10tai (Sum OF 11185 1-23)	1 0	1,210,392	-090	1,209,9	770			∠4. 00

Dist         ALUCATION - HHA CRHENAL SHAFT E DOST         Provider CR: 10-0172         ProviderC	Heal th	Financial Systems	I	RANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-	2552-10
International Control Control         Control Internation A Manual Internatinterna	COST A	LLOCATION - HHA GENERAL SERVICE	E COST				From 01/01/2018	Part I Date/Time Pre	pared:
Barboal         Explicit Related Costs Flatures         Capital Related Costs Flatures         Transportation Solution Flatures         Transportation Solution Solution Flatures         Transportation Solution Solution Flatures         Transportation Solution Solution Flatures         Transportation Solution Solution Flatures         Transportation Solution Solution Flatures         Transportation Solution Flatures         Transportation Solution Flatures <thtransportation Solution Flatures         Transpo</thtransportation 									<u>9 pili</u>
For Cost Numerical Second Control Note: Numerical Num				Capital Rel	ated Costs		Agency I		
Balance Struct Coxt CIMTRS         0         1.00         2.00         3.00         4.00         44.00           1.00         Capit LB Related - Blog & Explorement         0         0         0         0         1.00           2.00         Capit LB Related - Blog & Explorement         0			for Cost Allocation (from Wkst. H,			Operation &			
1.00         Capit all Related - Bidg. & 0         <		CENEDAL CEDVICE COCT CENTERS		1.00	2.00	3.00	4.00	4A. 00	
2.00         Capital Related - Wowhle         0<	1.00		0	0				C	1.00
Set Plant Speration & Maintenance         0	2 00		0		0			0	2 00
4.00         Transportation         0		Equi pment	0		0			0	
5.00         Admin strative and General         001.00         0			-	-			-	0	
6.00         Skilled Nursing Care         916,915         0         0         0         916,915         0.00         0         966,327         7.00           0.00         Specifical Therapy         271,363         0         0         0         271,363         8.00         0         0         271,363         8.00         0         0         271,363         8.00         0         0         271,363         8.00         0         0         271,363         8.00         0         0         27,364         0         0         0         27,364         0         0         0         2,524         10.00         0         2,524         10.00         0         2,524         10.00         0         2,524         10.00         0         2,46,645         0         0         0         2,46,645         0         0         10.00         0         2,46,645         0         0         0         10.00         0         15.00         15.00         15.00         0         0         0         0         0         0         10.00         16.00         0         0         0         10.00         16.00         16.00         0         0         0         0         0 <t< td=""><td></td><td>Administrative and General</td><td>-</td><td>-</td><td></td><td></td><td>-</td><td>901, 609</td><td>•</td></t<>		Administrative and General	-	-			-	901, 609	•
7.00         Physical Therapy         598,372         0         0         0         999,372         7.00           0.00         Speech Pathology         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         33,114         0         0         0         0         3,114         0         0         0         0         3,114         0	6.00		916 915	0	0		0 0	916 915	6.00
9.00 Speech Pathol ogy 1 88,114 0 0 0 0 0 38,114 9.00 17,860 11.00 Medical Social Services 2,554 0 0 0 0 0 0 2,554 0.00 77,860 17.00 10,0 17.00		5		-					
10. 00         Medical Social Services         2.524         0         0         0         2.524         10.00           11. 00         Home Healt HA ide         79.860         0         0         0         79.860         12.00           12. 00         Supplies (see instructions)         66.608         0         0         0         248.842         0         0         0         248.842         0         0         0         248.842         0         0         0         0         0         248.842         0         0         0         0         0         14.00           HAR MOMELIMBURSABLE SERVICES         0				-	-				
12.00       Supplies (see instructions)       66.608       0       0       0       0       246.842       13.00         14.00       DME       OME       0       0       0       0       246.842       13.00         15.00       Crugs       0       0       0       0       0       0       246.842       13.00         16.00       Reparatory Therapy       0       0       0       0       0       0       0       16.00         17.00       Private Duty Nursing       0       0       0       0       0       0       0       17.00         18.00       Clinic       0				-					
13.00       Drugs       248.842       0				-	-				
14.00         DMC         O </td <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>-</td> <td></td> <td>•</td>				-	-		-		•
15:00       Home Dial ysis Aide Services       0		DME		-					•
16 00       Respiratory Therapy       0 <td>15 00</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>15 00</td>	15 00		0	0	0		0 0	0	15 00
18.00       Clinic       0       0       0       0       0       0       0       18.00         19.00       Heat Promotion Activities       0				-					
19.00       Heal th Promotion Activities       0			0						
20.00         Day Care Program         0			0	-	-			-	•
22.00         Homenaker Service         0			0	0	0				
23.00         Ail Others (specify)         4.083,789         0         <		5	0	0	0				
24.00         Total (sum of lines 1-23)         7.209,996         0         0         0         7.209,996         24.00           Admin istrative & General         Total (cols. & General         AA + 5)	23.00	All Others (specify)	4, 083, 789	-	0		0 0	-	23.00
Administrative         Total (cols.         4A + 5)         1           GENERAL_SERVICE COST CENTERS         5.00         6.00         1         1         00         Capital Related - Bldg. & Fixtures         1         00         2.00         Capital Related - Movable         1         0         2.00         Capital Related - Movable         1         0         0         1         0         1         0         1         0         2.00			0 7 209 996	-				-	
GENERAL SERVICE COST CENTERS         1.00         General service         1.00           1.00         Capital Related - Bldg. & Fixtures         1.00         1.00         1.00           2.00         Capital Related - Movable Equipment         2.00         2.00           3.00         Plant Operation & Maintenance         3.00         4.00         3.00           4.00         Transportation         4.00         5.00         5.00           6.00         Skilled Nursing Care         13.047         1.047.962         6.00           7.00         Physical Therapy         85.521         683.893         6.00           9.00         Speech Pathology         5.447         43.561         9.00           9.00         Speech Pathology         5.447         43.561         9.00           0.00         Medical Soci a Services         36.12         2.885         10.00           10.00         Mome Halt haide         11.414         9.274         10.00         11.00           10.00         Drugs         35.565         284.407         13.00         11.00           11.00         Drugs         35.565         284.407         13.00         11.00           11.00         Drugs         0         0	21.00		Admi ni strati ve	Total (cols.				1,207,770	21.00
GENERAL         SERVICE COST CENTERS         Image: Center of the service of the serv			-						-
Fixtures         Control         Capital Related - Movable         Control         Capital Related - Movable         Movable Related - Movable         Movable Related - Movable         Capital Related - Movable         Capital Related - Movable         Capital Related - Movable         Movable Related - Movable         Movable Related - Movable         Movable Related - Movable         Movable         Movable         Movab			0.00	0.00					
2.00       Capital Related - Movable Equipment       2.00         3.00       Plant Operation & Maintenance       3.00         4.00       Transportation       4.00         5.00       Administrative and General       901,609         HHA REI/BURSABLE SERVICES       6.00         6.00       Skilled Nursing Care       131,047         7.00       Physical Therapy       85,521         8.00       Occupational Therapy       85,651         8.00       Speech Pathology       5,447         9.00       Speech Pathology       5,447         9.00       Speech Pathology       5,555         11.00       Home Heal th Aide       11,414         9.00       Supplies (see instructions)       9,806         11.00       Drugs       35,555       284,401         11.00       Due       0       0         11.00       Mome Dialysis Aide Services       0       0         11.00       Inversing       0       0         11.00       Inversing       0       0         11.00       Inversing       0       0         12.00       Supplies (see instructions)       9,806       78,414         13.00       11,414	1.00								1.00
3.00       Plant Operation & Maintenance       3.00         4.00       Transportation       901,609         HHA REIMBURSABLE SERVICES       6.00         6.00       Skilled Nursing Care       131,047         7.00       Physical Therapy       85,521         8.00       Occupational Therapy       85,521         8.00       Occupational Therapy       85,521         9.00       Speech Pathology       5,447         9.00       Medical Social Services       361         10.00       Medical Social Services       361         11.00       Home Heal th Aide       11,414         9.01       Supplies (see instructions)       9,806         12.00       Supplies (see instructions)       9,806         13.00       Dug       0       0         14.00       0       0       1         15.00       HAM NORREI MBURSABLE SERVICES       1       1         15.00       Home Dial ysis Aide Services       0       0         16.00       Respiratory Therapy       0       0         17.00       Private Duty Nursing       0       0         18.00       Clinic       0       0       10         19.00	2.00	Capital Related - Movable							2.00
4.00       Transportation       901,609       4.00       5.00         Administrative and General       901,609       5.00       5.00         HHA REIMBURSABLE SERVICES       6.00       5.00         6.00       Skilled Nursing Care       131,047       1,047,962       6.00         7.00       Physical Therapy       85,521       683,893       7.00         8.00       Occupational Therapy       38,784       310,147       8.00         9.00       Speech Pathology       5,447       43,561       8.00         10.00       Medical Social Services       361       2,885       10.00         11.00       Home Heal th Aide       11,414       91,274       11.00         12.00       Supplies (see instructions)       9,806       78,414       12.00         13.00       Drugs       35,565       284,407       13.00         14.00       ME       0       0       16.00         17.00       Respiratory Therapy       0       0       16.00         17.00       Day Care Program       0       0       16.00         17.00       Day Care Program       0       0       0.00         18.00       Day Care Program       0 <td>3 00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3 00</td>	3 00								3 00
HHA REIMBURSABLE SERVICES         6.00         Skilled Nursing Care         131,047         1,047,962         6.00         7.00         Physical Therapy         85,521         683,893         7.00         7.00         8.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.00         7.0	4.00	Transportation							4.00
6.00       Skilled Nursing Care       131,047       1,047,962       6.00         7.00       Physical Therapy       85,521       683,893       7.00         8.00       Occupational Therapy       38,784       310,147       8.00         9.00       Speech Pathology       5,447       43,561       9.00         10.00       Medical Social Services       361       2,885       10.00         11.00       Home Heal th Ai de       11,414       91,274       11.00         12.00       Supplies (see instructions)       9,806       78,414       12.00         13.00       Drugs       35,565       284,407       13.00         14.00       ME       0       0       14.00         HHA NONREI MBURSABLE SERVICES       14.00       15.00       15.00         16.00       Respiratory Therapy       0       0       15.00         17.00       Private Duty Nursing       0       0       17.00         19.00       Heal th Promotion Activities       0       0       19.00         19.00       Heal th Promotion Activities       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00	5.00		901, 609						5.00
8.00       Occupational Therapy       38,784       310,147       8.00         9.00       Speech Pathol ogy       5,447       43,561       9.00         10.00       Medical Social Services       361       2,885       10.00         11.00       Home Heal th Ai de       11,414       91,274       11.00         12.00       Supplies (see instructions)       9,806       78,414       12.00         13.00       Drugs       35,565       284,407       13.00         14.00       DME       0       0       14.00         HHA NOREI MBURSABLE SERVICES         15.00       Home Dial ysis Aide Services       0       0       16.00         77.00       Private Duty Nursing       0       0       17.00         19.00       Heal th Promotion Activities       0       0       18.00         19.00       Heal th Promotion Activities       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       Homemaker Service       0       0       22.00         23.00       All Others (specify)       583,664       4,667,453       23.00         23.50       Tel emedicine <td></td> <td>Skilled Nursing Care</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>		Skilled Nursing Care							•
9.00       Speech Pathology       5,447       43,561       9.00         10.00       Medical Social Services       361       2,885       10.00         11.00       Home Heal th Aide       11,414       91,274       11.00         12.00       Supplies (see instructions)       9,806       78,414       12.00         13.00       Drugs       35,565       284,407       13.00         14.00       DME       0       0       14.00         HHA NONREI MBURSABLE SERVICES         15.00       Home Dial ysis Aide Services       0       0       14.00         HANNEL MBURSABLE SERVICES         15.00       Home Dial ysis Aide Services       0       0       15.00         16.00       Respiratory Therapy       0       0       17.00       16.00         17.00       Private Duty Nursing       0       0       17.00       19.00         20.00       Day Care Program       0       0       19.00       20.00         21.00       Home Delivered Meals Program       0       0       20.00       21.00         22.00       Homemaker Service       0       0       22.00       23.00       23.00       23.00       23.00<									•
11.00       Home Heal th Ai de       11, 414       91, 274       11.00         12.00       Supplies (see instructions)       9, 806       78, 414       12.00         13.00       Drugs       35, 565       284, 407       13.00         14.00       ME       0       0       13.00         HHA NONREI MBURSABLE SERVI CES         HHA NONREI MBURSABLE SERVI CES         15.00       Home Dial ysis Ai de Servi ces       0       0       15.00         16.00       Respi ratory Therapy       0       0       16.00         17.00       Pri vate Duty Nursing       0       0       17.00         18.00       Clinic       0       0       18.00         19.00       Heal th Promotion Activities       0       0       19.00         21.00       Bay Care Program       0       0       21.00         22.00       Home Delivered Meals Program       0       0       21.00         23.00       All Others (specify)       583, 664       4, 667, 453       23.00         23.50       Tel emedicine       0       0       23.50       23.50									
12.00       Supplies (see instructions)       9,806       78,414       12.00         13.00       Drugs       35,565       284,407       13.00         14.00       DME       0       0       14.00         HHA NONREI MBURSABLE SERVI CES         15.00       Home Dial ysis Aide Services       0       0       15.00         16.00       Respiratory Therapy       0       0       16.00       17.00         17.00       Private Duty Nursing       0       0       17.00       18.00         19.00       Heal th Promotion Activities       0       0       19.00       19.00         20.00       Day Care Program       0       0       20.00       21.00       22.00         21.00       Home Delivered Meals Program       0       0       22.00       23.00       23.00       23.00       23.00       23.50       583,664       4,667,453       23.00									
13.00       Drugs       35,565       284,407       13.00         14.00       DME       0       0       14.00         HHA NONREI MEURSABLE SERVI CES         15.00       Home Dial ysis Ai de Services       0       0       15.00         16.00       Respiratory Therapy       0       0       16.00         17.00       Private Duty Nursing       0       0       17.00         18.00       Clinic       0       0       18.00         19.00       Heal th Promotion Activities       0       0       19.00         20.00       Day Care Program       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       All Others (specify)       583,664       4,667,453       23.00         23.50       Tel emedicine       0       0       23.50									
HHA NONREI MBURSABLE SERVI CES         0         0         15.00           15.00         Home Di al ysi s Ai de Servi ces         0         0         15.00           16.00         Respi ratory Therapy         0         0         16.00           17.00         Pri vate Duty Nursi ng         0         0         17.00           18.00         Cl i ni c         0         0         18.00           19.00         Heal th Promoti on Acti vi ti es         0         0         19.00           20.00         Day Care Program         0         0         20.00           21.00         Homemaker Servi ce         0         0         21.00           23.00         Al I Others (speci fy)         583, 664         4, 667, 453         23.00           23.50         Tel emedi ci ne         0         0         23.50		Drugs	35, 565	284, 407					•
15.00       Home Dialysis Aide Services       0       0       15.00         16.00       Respiratory Therapy       0       0       16.00         17.00       Private Duty Nursing       0       0       17.00         18.00       Clinic       0       0       18.00         19.00       Health Promotion Activities       0       0       19.00         20.00       Day Care Program       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       Homeraker Service       0       0       22.00         23.00       All Others (specify)       583, 664       4, 667, 453       23.00         23.50       Tel emedicine       0       0       23.50	14.00		0	0					14.00
17.00       Private Duty Nursing       0       0       17.00         18.00       Clinic       0       0       18.00         19.00       Heal th Promotion Activities       0       0       19.00         20.00       Day Care Program       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       Homesker Service       0       0       22.00         23.00       All Others (specify)       583,664       4,667,453       23.00         23.50       Telemedicine       0       0       23.50		Home Dialysis Aide Services							•
18.00       Clinic       0       0       18.00         19.00       Heal th Promotion Activities       0       0       19.00         20.00       Day Care Program       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       Homemaker Service       0       0       22.00         23.00       All Others (specify)       583,664       4,667,453       23.00         23.50       Telemedicine       0       0       23.50			-						
20.00       Day Care Program       0       0       20.00         21.00       Home Delivered Meals Program       0       0       21.00         22.00       Homemaker Service       0       0       22.00         23.00       All Others (specify)       583,664       4,667,453       23.00         23.50       Tel emedicine       0       0       23.50	18.00	Clinic	0	0					18.00
21. 00       Home Delivered Meals Program       0       0       21. 00         22. 00       Homemaker Service       0       0       22. 00         23. 00       All Others (specify)       583, 664       4, 667, 453       23. 00         23. 50       Tel emedicine       0       0       23. 50									
22. 00       Homemaker Service       0       0       22. 00         23. 00       All Others (specify)       583, 664       4, 667, 453       23. 00         23. 50       Tel emedicine       0       0       23. 50			-	-					•
23.50         Tel emedicine         0         0         23.50	22.00	Homemaker Service		-					22.00
			583,664	4,667,453 0					
		1		7, 209, 996					•

	Financial Systems		FRANCI SCAN HEAL				u of Form CMS-2	
COST A	ALLOCATION - HHA STATISTICAL BAS	SIS		Provider CO HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-1 Part II Date/Time Pre 5/30/2019 2:3	pared:
						Home Health Agency I	PPS	·
		Capital Rel	ated Costs					
		· · · · · ·	Movable Equipment (DOLLAR VALUE)	Operation & Maintenance (SQUARE FEET)	(MI LEAGE)	onReconciliation	& General (ACCUM. COST)	
	1	1.00	2.00	3.00	4.00	5A. 00	5.00	
	GENERAL SERVICE COST CENTERS	-				-		
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0		0		4.00
5.00	Administrative and General HHA REIMBURSABLE SERVICES	0	0	0		0 -901, 609	6, 308, 387	5.00
6.00	Skilled Nursing Care	0	0	0		0 0	916, 915	6.00
7.00	Physical Therapy	0	0	0		0 0	598, 372	7.00
8.00	Occupational Therapy	0	0	0		0 0	271, 363	
9.00	Speech Pathology	0	0	0		0 0	38, 114	
10.00	Medical Social Services	0	0	0		0 0	2, 524	
11.00	Home Health Aide	0	0	0		0 0	79, 860	
12.00	Supplies (see instructions)	0	0	0		0 0	68, 608	
13.00	Drugs	0	0	0		0	248, 842	
14.00	DME HHA NONREIMBURSABLE SERVICES	0	0	0		0 0	0	14.00
15.00	Home Dialysis Aide Services	0	0	0	1	0 0	0	15.00
16.00	Respiratory Therapy	0	-	0		0 0	0	
17.00	Private Duty Nursing	0	-	0		0 0	0	
18.00	Clinic		0	0		0 0	0	
19.00	Health Promotion Activities		0	0		0 0	0	
20.00	Day Care Program	0	0	0		0 0	0	20.00
20.00	Home Delivered Meals Program		0	0 0		0 0	0	
21.00	Homemaker Service		0	0 0		0 0	0	21.00
23.00	All Others (specify)	0	0	0		0 0	4, 083, 789	
23.50	Tel emedi ci ne	0	0	0		0 0	1, 000, 707	23.50
24.00	Total (sum of lines 1-23)	0	0	0		0 -901,609	6, 308, 387	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0		0	901, 609	
24 00	Unit Cost Multiplier	0. 000000	0. 000000	0.00000	0. 0000	000	0. 142922	26 00

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
ALLOC	ATION OF GENERAL SERVICE COSTS T	O HHA COST CEN	TERS	Provider CO		Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part I Date/Time Pre 5/30/2019 2:3	pared <sup>.</sup>
						Home Health	PPS	
			CAPITAL REL	ATED COSTS		Agency I		
	Cost Center Description	HHA Trial Balance (1)	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATI ONS	MGMT INFO SYSTEMS	
		0	1.00	2.00	4.00	5. 01	5. 02	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Administrative and General Skilled Nursing Care Physical Therapy Occupational Therapy Speech Pathology Medical Social Services Home Health Aide Supplies (see instructions) Drugs DME Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2) Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 1, rounded to 6 decimal places.	0 1, 047, 962 683, 893 310, 147 43, 561 2, 885 91, 274 78, 414 284, 407 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			1, 158, 21	0       0         0       0	435, 199 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{c} 2,00\\ 3,00\\ 4,00\\ 5,00\\ 6,00\\ 7,00\\ 8,00\\ 9,00\\ 10,00\\ 11,00\\ 12,00\\ 13,00\\ 14,00\\ 15,00\\ 14,00\\ 15,00\\ 16,00\\ 17,00\\ 18,00\\ 19,00\\ 19,50\\ \end{array}$
	Cost Center Description	PURCHASI NG	ADMI TTI NG	PATI ENT ACCOUNTI NG	Subtotal	OTHER ADMI NI STRATI VE AND GENERAL	OPERATION OF PLANT	
		5.03	5.04	5.05	5A. 05	5.06	7.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)	10, 362 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	826 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	43, 686 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1, 047, 96 683, 89 310, 14 43, 56 2, 88 91, 27 78, 41 284, 40	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ \end{array}$

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

	Financial Systems		FRANCI SCAN HEAL				u of Form CMS-2	
ALLOC	ATION OF GENERAL SERVICE COSTS 1	O HHA COST CEN	TERS	Provider C HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2018 To 12/31/2018		pared:
						Home Health	PPS	9 pili
	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	CAFETERI A	Agency I NURSING ADMINISTRATION	CENTRAL SERVI CES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\ 00\\ 14.\ 00\\ 15.\ 00\\ 14.\$	All Others (specify)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0       0         0       0	7,963 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50
	Cost Center Description	PHARMACY	MEDI CAL S RECORDS & LI BRARY	SOCI AL SERVI CE	NURSING SCHO	OL PHARMACY RESI DENCY	EMS EDUCATION	
1 00	Admini of potitive and C	15.00	16.00	17.00 0	20.00	23.00	23.01	1.00
$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$	Home Dialysis Aide Services Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine Total (sum of lines 1-19) (2)							9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00 18.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

Heal th	Financial Systems		FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
	TION OF GENERAL SERVICE COSTS TO	D HHA COST CEN	TERS	Provider CO	CN: 15-0109 15-7124	Period: From 01/01/2018 To 12/31/2018		pared:
						Home Health Agency I	PPS	
	Cost Center Description	Subtotal	Intern &	Subtotal	Allocated HH			
			Residents Cost		A&G (see Par	t Costs		
			& Post		11)			
			Stepdown					
	-	24.00	Adjustments 25.00	26.00	27.00	28.00		
1.00	Administrative and General	2, 224, 360	23.00	2, 224, 360		20.00		1.00
2.00	Skilled Nursing Care	1, 170, 743	0	1, 170, 743		1, 494, 051		2.00
3.00	Physical Therapy	764, 019	0	764, 019				3.00
4.00	Occupational Therapy	346, 484	0	346, 484				4.00
5.00	Speech Pathology	48, 665	0	48, 665	13, 43	62, 104		5.00
6.00	Medical Social Services	3, 223	0	3, 223	89	4, 113		6.00
7.00	Home Health Aide	101, 968	0	101, 968				7.00
8.00	Supplies (see instructions)	87, 601	0	87, 601				8.00
9.00	Drugs	317, 729	0	317, 729	87,74	3 405, 472		9.00
10.00	DME	0	0	0		0 0		10.00
11.00	Home Dialysis Aide Services	0	0	0		0 0		11.00
12.00	Respiratory Therapy	0	0	0		0 0		12.00
13.00 14.00	Private Duty Nursing Clinic	0	0	0		0 0		13.00 14.00
14.00	Health Promotion Activities	0	0	0		0 0		14.00
16.00	Day Care Program	0	0	0		0 0		16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0		0 0		18.00
19.00	All Others (specify)	5, 214, 304	0	5, 214, 304	1, 439, 95	6, 654, 261		19.00
19.50	Tel emedi ci ne	0	0	0	.,,	0 0		19.50
20.00	Total (sum of lines 1-19) (2)	10, 279, 096	0	10, 279, 096	2, 224, 36	0 10, 279, 096		20.00
21.00	Unit Cost Multiplier: column				0. 27615	6		21.00
	26, line 1 divided by the sum							
	of column 26, line 20 minus							
	column 26, line 1, rounded to							
	6 decimal places.		l l		I			I

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

	Financial Systems TION OF GENERAL SERVICE COSTS T		FRANCI SCAN HEALT		CN: 15-0109	Period:	u of Form CMS-2 Worksheet H-2	
BASI S	TTON OF GENERAL SERVICE COSTS I	U TITA COST CEN		HHA CCN:	15-7124	From 01/01/2018 To 12/31/2018	Part II	pared:
						Home Health	PPS	<u>, bui</u>
		CAPITAL REL	ATED COSTS			Agency I		
	Cost Center Description	BLDG & FIXT	MVBLE EQUIP	EMPLOYEE	COMMUNI CATI ON	NS MGMT INFO	PURCHASI NG	-
		(SQUARE FEET)	(SQUARE FEET)	BENEFITS DEPARTMENT (GROSS SALARI ES)	(PHONE LINE S	SYSTEMS	(COSTED REQ UI SI )	
		1.00	2.00	4.00	5. 01	5. 02	5. 03	
1.00	Administrative and General	0	0	3, 300, 039		0 82, 279	165, 291	1.00
2.00	Skilled Nursing Care	0	0	0		0 0		
3.00 4.00	Physical Therapy Occupational Therapy	0	0	0		0 0	-	
5.00	Speech Pathol ogy	0	0	0		0 0	0	
6.00	Medical Social Services	0	0	0		0 0	0	
7.00	Home Health Aide	0	0	C		0 0	0	7.00
8.00	Supplies (see instructions)	0	0	C		0 0	0	
9.00	Drugs	0	0	0		0 0	-	
10.00 11.00	DME Home Dialysis Aide Services	0	0	0		0 0	0	
12.00	Respiratory Therapy	0	0	C		0 0		
13.00	Private Duty Nursing	0	0	C		0 0	0	
14.00	Clinic	0	0	C		0 0	0	
15.00	Health Promotion Activities	0	0	0		0 0	0	
16.00 17.00	Day Care Program Home Delivered Meals Program	0	0	0		0 0	0	
18.00	Homemaker Service	0	0	0		0 0	0	•
	All Others (specify)	0	0	0		0 0	0	
19.50	Tel emedi ci ne	0	0	C		0 0	0	
20.00	Total (sum of lines 1-19)	0	0	3, 300, 039		0 82, 279		•
21.00 22.00	Total cost to be allocated Unit cost multiplier	0. 000000	0 0. 000000	1, 158, 211 0. 350969		0 435, 199 00 5. 289308		•
22.00	Cost Center Description	ADMI TTI NG		econciliation		OPERATION OF	LAUNDRY &	22.00
		(GROSS CHAR	ACCOUNTI NG		ADMI NI STRATI V		LINEN SERVICE	
		GES)	(GROSS CHAR GES)		AND GENERAL (ACCUM. COST		(POUNDS OF LAUNDRY)	
		5.04	5. 05	5A. 06	5.06	7.00	8.00	
1.00	Administrative and General	9, 836, 902	9, 836, 902	-123, 338			0	
2.00	Skilled Nursing Care	0	0	0				
3.00 4.00	Physical Therapy Occupational Therapy	0	0	0			0	
5.00	Speech Pathology	0	0	C			0	•
6.00	Medical Social Services	0	О	C	2, 88	35 0	0	6.00
7.00	Home Health Aide	0	0	C	1		-	
8.00	Supplies (see instructions)	0	0	0				
9.00 10.00	Drugs DME	0	0	0		07 0 0 0	-	
		0	0	C		0 0		
	Home Dialysis Aide Services	0				0 0		•
11. 00 12. 00	Home Dialysis Aide Services Respiratory Therapy	0	0	C	, ,	0	0	
11.00 12.00 13.00	Respiratory Therapy Private Duty Nursing		0	0		0 0	0	13.00
11. 00 12. 00 13. 00 14. 00	Respiratory Therapy Private Duty Nursing Clinic	0 0 0	0	C		0 0 0 0	0	13.00 14.00
11.00 12.00 13.00 14.00 15.00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	0 0 0 0	0 0 0	0 0 0		0 0 0 0 0 0 0 0	0 0 0	13.00 14.00 15.00
11.00 12.00 13.00 14.00 15.00 16.00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program	0 0 0 0	0 0 0			0 0 0 0 0 0 0 0 0 0	0 0 0 0	13.00 14.00 15.00 16.00
11.00 12.00 13.00 14.00 15.00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities	0 0 0 0	0 0 0	0 0 0		0 0 0 0 0 0 0 0	0 0 0 0 0	13.00 14.00 15.00 16.00 17.00
11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program	0 0 0 0 0	0 0 0 0			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0	13.00 14.00 15.00 16.00 17.00 18.00
$\begin{array}{c} 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ \end{array}$	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify) Telemedicine	0 0 0 0 0 0 0 0 0 0 0 0 0			4, 667, 45	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0	13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50
$\begin{array}{c} 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 00\\ 19.\ 50\\ \end{array}$	Respiratory Therapy Private Duty Nursing Clinic Health Promotion Activities Day Care Program Home Delivered Meals Program Homemaker Service All Others (specify)	0 0 0 0 0 0 0 0 0 0 0				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13.00 14.00 15.00 16.00 17.00 18.00 19.00 19.50 20.00

Health Financial Systems		FRANCI SCAN HEALT	H LAFAYETTE		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF GENERAL SERVICE COSTS T BASIS	O HHA COST CEN	TERS STATISTICAL	HHA CCN:	CN: 15-0109 15-7124	Period: From 01/01/2018 To 12/31/2018	Worksheet H-2 Part II Date/Time Pre 5/30/2019 2:3	
					Home Health	5/30/2019 2:3 PPS	9 pm
Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DI ETARY (MEALS SERVED)	CAFETERI A (MANHOURS)	NURSI NG ADMI NI STRATI ( (DI RECT NRS	SUPPLY (COSTED REQ	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	I NG) 13.00	UISI) 14.00	15.00	
1.00Administrative and General2.00Skilled Nursing Care3.00Physical Therapy4.00Occupational Therapy5.00Speech Pathology6.00Medical Social Services7.00Home Health Aide8.00Supplies (see instructions)9.00Drugs10.00DME11.00Home Dialysis Aide Services12.00Respiratory Therapy13.00Private Duty Nursing14.00Clinic15.00Health Promotion Activities16.00Day Care Program17.00Home Delivered Meals Program18.00Homemaker Service19.00All Others (specify)19.50Telemedicine20.00Total cost to be allocated22.00Unit cost multiplierCost Center Description	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		82, 279 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	82, 27 82, 27 244, 50 2. 97162	79         165, 291           0         0		$\begin{array}{c} 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ \end{array}$
	GES) 16.00	17.00	20.00	23.00	23.01		
1.00Administrative and General2.00Skilled Nursing Care3.00Physical Therapy4.00Occupational Therapy5.00Speech Pathology6.00Medical Social Services7.00Home Health Aide8.00Supplies (see instructions)9.00Drugs10.00DME11.00Home Dialysis Aide Services12.00Respiratory Therapy13.00Private Duty Nursing14.00Clinic15.00Health Promotion Activities16.00Day Care Program17.00Home Delivered Meals Program18.00Holers (specify)19.50Telemedicine20.00Total (sum of lines 1-19)21.00Total cost to be allocated22.00Unit cost multiplier	9, 836, 902 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0       0         0       0		$\begin{array}{c} 1.\ 00\\ 2.\ 00\\ 3.\ 00\\ 4.\ 00\\ 5.\ 00\\ 6.\ 00\\ 7.\ 00\\ 8.\ 00\\ 9.\ 00\\ 10.\ 00\\ 11.\ 00\\ 12.\ 00\\ 13.\ 00\\ 14.\ 00\\ 15.\ 00\\ 16.\ 00\\ 17.\ 00\\ 18.\ 00\\ 19.\ 50\\ 20.\ 00\\ 21.\ 00\\ 22.\ 00\\ \end{array}$

APPORT	IONMENT OF PATIENT SERVICE COST	S			Provider (	CN: 15-0109		i od:	Worksheet H-3	
					HHA CCN:	15-7124	Frc To	01/01/2018 12/31/2018	Part I Date/Time Prep 5/30/2019 2:39	pared: 9 pm
					Ti tl	e XVIII	ŀ	lome Health Agency I	PPS	
	Cost Center Description	From, Wkst.	Facility		Shared	Total HHA		Total Visits	Average Cost	
		H-2, Part I, col. 28, line	(from H-2, Pa		Ancillary Costs (from	Costs (col s. + 2)	1		Per Visit (col. 3 ÷ col.	
		20, 1110	11 2, 10		Part II)	1 2)			4)	
		0	1.0		2.00	3.00		4.00	5.00	
	PART I - COMPUTATION OF LESSER BENEFICIARY COST LIMITATION	OF AGGREGATE F	PROGRAM	COST, A	GGREGATE OF TI	HE PROGRAM LI	MITA	TION COST, OF		
	Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,4	94, 051		1, 494, 0	51	7, 840	190. 57	1.0
2.00	Physical Therapy	3.00		75, 007		975, 0		5, 236	186. 21	2.0
3.00	Occupational Therapy	4.00		42, 168		0 442, 1		1, 846	239. 53	
4.00	Speech Pathol ogy	5.00		62, 104	(	62, 1		271	229.17	
5.00 5.00	Medical Social Services Home Health Aide	6. 00 7. 00		4, 113 30, 127		4, 1		74 1, 181	55. 58 110. 18	
7.00	Total (sum of lines 1-6)	/.00		07, 570	(	3, 107, 5		16, 448	110.16	7.0
			01	01/010		Program Visi		107 110		110
							art			
	Cost Center Description	Cost Limits	CBSA No	o. (1)	Part A	Not Subject Deductibles Coinsurance	&	Subject to Deductibles		
		0	1.0	0	2.00	3.00	3	4.00	5.00	
	Limitation Cost Computation			- 1						
3.00	Skilled Nursing Care		23844				88			8.00
3.01	Skilled Nursing Care		26900				4			8.0
3. 02 3. 03	Skilled Nursing Care Skilled Nursing Care		29200 99915			0 1,6 0 1,9				8.02 8.03
9.00	Physical Therapy		23844				15			9.0
9.01	Physical Therapy		26900				1			9.0
9.02	Physical Therapy		29200		(	1, 2	19			9.0
9.03	Physical Therapy		99915			0 1,3				9.0
0.00	Occupational Therapy		23844				15			10.0
0.01	Occupational Therapy		26900 29200			) ) 4	1 77			10. 0 10. 0
10.02 10.03	Occupational Therapy Occupational Therapy		29200 99915				// 88			10.0
11.00	Speech Pathol ogy		23844				38			11.0
11.01	Speech Pathol ogy		26900				0			11.0
1.02	Speech Pathology		29200		(	D	53			11.0
1.03	Speech Pathology		99915				53			11.0
2.00	Medical Social Services		23844			D D	5			12.0
2.01	Medical Social Services		26900 29200				0			12.0 12.0
2.02 2.03	Medical Social Services Medical Social Services		29200 99915				22 21			12. C
3.00	Home Heal th Aide		23844				71			13.0
3.01	Home Heal th Aide		26900				0			13.0
3. 02	Home Health Aide		29200		(	0 1	97			13.0
3. 03	Home Health Aide		99915				45			13.0
4.00		Frank Will 1 11 0	<b>Fact 1</b> 1 1 1			9,5				14.0
	Cost Center Description	From Wkst. H-2 Part I, col.	⊦acility (from		Shared Ancillary	Total HHA Costs (cols.		otal Charges (from HHA	Ratio (col. 3 ÷ col. 4)	
		28, line	H-2, Pa		Costs (from Part II)	+ 2)		Records)	÷ (01. 4)	
		0	1.0	00	2.00	3.00		4.00	5.00	
	Supplies and Drugs Cost Computa	ations								
5.00	Cost of Medical Supplies	8.00		11, 793		) 111, 7		0	0. 000000	

PORT	<u>Financial Systems</u> TONMENT OF PATIENT SERVICE COSTS	S	FRANCI SCAN HEAL	Provi der CO	CN: 15-0109	Peri od:	u of Form CMS-: Worksheet H-3	
				HHA CCN:	15-7124	From 01/01/2018 To 12/31/2018	Part I Date/Time Pre	pared
				Title	XVIII	Home Health	5/30/2019 2:3 PPS	9 pm
			Program Visits		Cost of	Agency I		
					Servi ces			
	Cost Center Description	Part A	Part Not Subject to		Part A	Part B Not Subject to	Subject to	
	cost center bescription	i di t A	Deductibles &		Tart A	Deductibles &		
			Coi nsurance	Coi nsurance		Coi nsurance	Coi nsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER	OF AGGREGATE	PROGRAM COST, AG	GREGATE OF TH	E PROGRAM LI	MITATION COST, OF	2	
	BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
00	Skilled Nursing Care	0				0 830, 313		1.
00	Physical Therapy	0				0 571, 292		2.
00	Occupational Therapy	(	1, 081			0 258, 932		3.
00	Speech Pathology	(	144			0 33,000		4
00	Medical Social Services	(	48			0 2,668		5.
00	Home Health Aide	(				0 89, 576 0 1, 785, 781		6.
00	Total (sum of lines 1-6) Cost Center Description	Ĺ	9, 511			0 1, 785, 781		7.
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation	0.00	7.00	0.00	7.00	10.00	11.00	
0	Skilled Nursing Care							8
1	Skilled Nursing Care							8
2	Skilled Nursing Care							8
3	Skilled Nursing Care							8
0	Physical Therapy							9
)1	Physical Therapy							9
)2	Physical Therapy							9.
)3	Physical Therapy							9.
00	Occupational Therapy							10.
01	Occupational Therapy							10.
02	Occupational Therapy							10
03	Occupational Therapy							10
00	Speech Pathology							11
01	Speech Pathology							11
02	Speech Pathology							11
03	Speech Pathology							11
00	Medical Social Services							12
	Medical Social Services							12
02	Medical Social Services							12
03	Medical Social Services							12
00	Home Health Aide							13
01	Home Health Aide							13
	Home Health Aide							13
	Home Heal th Aide							13.
00	Total (sum of lines 8-13)	<b>D</b>			0 1 6			14.
		Prog	ram Covered Char	rges	Cost of Servi ces			
		_	Part			Part B		
	Cost Center Description	Part A	Not Subject to	Subject to	Part A	Not Subject to	Subject to	
			Deductibles &			Deductibles &	Deductibles &	
	-	4 00	Coi nsurance	Coi nsurance	0.00	Coi nsurance	Coi nsurance	
	Supplies and Drugs Cast Compute	6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computa Cost of Medical Supplies		0	0		0 0	0	15.
00	Cost of Drugs	Ĺ	0	0		0 0		

Heal th	Financial Systems		RANCI SCAN HEALTH	LAFAYETTE	In Lie	u of Form CMS-25	552-10
APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider CCN: 15-0109	Peri od:	Worksheet H-3	
					From 01/01/2018	Part I	
				HHA CCN: 15-7124	To 12/31/2018	Date/Time Prepa	
				Title XVIII	Home Health	5/30/2019 2:39 PPS	рш
					Agency I	PP3	
	Cost Center Description	Total Program		· ·	/ Ageney I		
		Cost (sum of					
		col s. 9-10)					
		12.00					
	PART I - COMPUTATION OF LESSER	OF AGGREGATE P	ROGRAM COST, AGG	REGATE OF THE PROGRAM LI	MITATION COST, OR		
	BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation	000.010					
1.00	Skilled Nursing Care	830, 313					1.00
2.00	Physical Therapy	571, 292					2.00
3.00	Occupational Therapy	258, 932					3.00
4.00	Speech Pathology	33, 000					4.00
5.00	Medical Social Services	2, 668					5.00
6.00	Home Health Aide	89, 576					6.00
7.00	Total (sum of lines 1-6)	1, 785, 781					7.00
	Cost Center Description						
		12.00					
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
11.00	Speech Pathol ogy						11.00
11.01	Speech Pathol ogy						11.01
11.02	Speech Pathol ogy						11.02
11.03	Speech Pathol ogy						11.03
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
14.00	Total (sum of lines 8-13)						14.00

2.00         Occupational Therapy         67.00         0.259159         0         0col. 2, line 3.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0col. 2, line 16.00         5.00	Heal th	Financial Systems		FRANCISCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS-2	2552-10
HHA CCN:         15-7124         To         12/31/2018         Date/Time Prepared: 5/30/2019 2:39 pm           Title XVIII         Home Heal th Agency I           Cost Center Description         From Wkst. C, Part I, col. 9, line         Cost to Charge Ratio         Total HHA Charge (from provider records)         HHA Shared Ancillary Costs (col. 1 x col. 2)         Transfer to Part I as Indicated         Part I as Indicated           PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS         0         0         1.00         2.00         3.00         4.00         1.00         2.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00         2.00         3.00         4.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00         1.00         1.00         2.00         3.00         4.00         1.00         2.00         3.00         1.00         2.00         3.00         1.00         2.00         3.00         1.00         1.00         2.00         1.00         2.00         2.00         2.00         2.00         1.00         <	APPORT	IONMENT OF PATIENT SERVICE COST	S		Provider C	CN: 15-0109			
Agency I         Agency I         Cost Center Description       From Wkst. C, Part I, col. 9, line       Cost to Charge Ratio       Total HHA Charge (from provider       HHA Shared Ancillary Costs (col. 1)       Transfer to Part I as Indicated         0       1.00       2.00       3.00       4.00         0       1.00       2.00       3.00       4.00         1.00       Physical Therapy       66.00       0.439427       0       0       0       1.00         2.00       Occupational Therapy       66.00       0.259159       0       0       0       2.00       3.00       2.00       3.00         3.00       Speech Pathology       68.00       0.349447       0 <td< td=""><td></td><td></td><td></td><td></td><td>HHA CCN:</td><td>15-7124</td><td></td><td>Date/Time Pre</td><td></td></td<>					HHA CCN:	15-7124		Date/Time Pre	
Part I, col.         Patio         Charge (from provider records)         Ancillary Costs (col. 1 x col. 2)         Part I as Indicated           9, line         0         1.00         2.00         3.00         4.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00         1.00         2.00         3.00         4.00         1.00					Title	e XVIII		PPS	
9, line         provider records)         Costs (col. 1 x col. 2)         Indicated           0         1.00         2.00         3.00         4.00           PART 11 - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS           1.00         Physical Therapy         66.00         0.439427         0         0         colspan="4">colspan="4"colspan="4">colspan="4"colspan="4"colspan="4">colspan="4"colspan="4"colspan="4"colspan="4"colspan="4"colspan="4">colspan="4"cols		Cost Center Description	From Wkst. C,	Cost to Charge	Total HHA	HHA Shared	Transfer to		
PART 11 - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS         x col. 2)         x col. 2)           1.00         2.00         3.00         4.00           PART 11 - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS         0         0 col. 2, line 2.00         1.00           2.00         Occupational Therapy         66.00         0.439427         0         0 col. 2, line 2.00         1.00           2.00         Occupational Therapy         67.00         0.259159         0         0 col. 2, line 4.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0 col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0 col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0 col. 2, line 16.00         5.00			Part I, col.	Ratio	Charge (from	Ancillary	Part I as		
O         1.00         2.00         3.00         4.00           PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS           1.00         Physical Therapy         66.00         0.439427         0         0         0         1.00         2.00           2.00         Occupational Therapy         67.00         0.259159         0         0         0         0         2.00         3.00         2.00         3.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0         0         0         2.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0         0         0         0         2.00         3.00           5.00         Cost of Drugs         73.00         0.120325         0         0         0         0         5.00			9, line		provi der	Costs (col.	1 Indicated		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS           1.00         Physical Therapy         66.00         0.439427         0         0col. 2, line 2.00         1.00           2.00         Occupational Therapy         67.00         0.259159         0         0col. 2, line 3.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0col. 2, line 16.00         5.00					records)	x col. 2)			
1.00         Physical Therapy         66.00         0.439427         0         0 col. 2, line 2.00         1.00           2.00         0ccupational Therapy         67.00         0.259159         0         0 col. 2, line 3.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0 col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0 col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0 col. 2, line 16.00         5.00			0	1.00	2.00	3.00	4.00		
2.00         Occupational Therapy         67.00         0.259159         0         0col. 2, line 3.00         2.00           3.00         Speech Pathology         68.00         0.349447         0         0col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0col. 2, line 16.00         5.00		PART II - APPORTIONMENT OF COS	T OF HHA SERVIC	ES FURNI SHED B	Y SHARED HOSPI	TAL DEPARTMEN	NTS		
3.00         Speech Pathology         68.00         0.349447         0         0         col. 2, line 4.00         3.00           4.00         Cost of Medical Supplies         71.00         0.131408         0         0         col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0         col. 2, line 16.00         5.00	1.00	Physical Therapy	66.00	0. 439427	0		0 col. 2, line 2	. 00	1.00
4.00         Cost of Medical Supplies         71.00         0.131408         0         0         col. 2, line 15.00         4.00           5.00         Cost of Drugs         73.00         0.120325         0         0         col. 2, line 16.00         5.00	2.00	Occupational Therapy	67.00	0. 259159	0		Ocol. 2, line 3	. 00	2.00
5.00 Cost of Drugs 73.00 0.120325 0 0 col. 2, line 16.00 5.00	3.00	Speech Pathology	68.00	0. 349447	0		Ocol. 2, line 4	. 00	3.00
	4.00	Cost of Medical Supplies	71.00	0. 131408	0		0 col. 2, line 1	5. 00	4.00
	5.00	Cost of Drugs	73.00	0. 120325	0		Ocol. 2, line 1	6. 00	5.00
5.01 [COST OF DRUGS I [ 73.01] 21.242324 0] 0[COL 2, TINE 16.01 [ 5.01	5.01	Cost of Drugs 1	73.01	21. 242324	0		Ocol. 2, line 1	6. 01	5.01

	Financial Systems FRANCISCAN HEALTH ATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CC	N· 15-0109	Period:	u of Form CMS-2 Worksheet H-4	
		HHA CCN:	15-7124	From 01/01/2018 To 12/31/2018	Part I-II Date/Time Pre	pare
		Title	<u> </u>	Home Health	5/30/2019 2:3 PPS	9 pr
		ntie	XVIII	Agency I		
			Part A	Par Not Subject to	t B Subject to	
			Tart A	Deductibles &		
		-	1 00	Coi nsurance	Coi nsurance	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTO	MARY CHARGES	1.00	2.00	3.00	-
	Reasonable Cost of Part A & Part B Services		·	T.		
00 00	Reasonable cost of services (see instructions)			0 0 0 0	0	
	Total charges Customary Charges			0 0	0	1 4
00	Amount actually collected from patients liable for payment for	r services		0 0	0	] 3
20	on a charge basis (from your records)	poymont		0 0	0	4
00	Amount that would have been realized from patients liable for for services on a charge basis had such payment been made in a			0 0	0	4
	with 42 CFR §413.13(b)					
	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.0000			
00 00	Total customary charges (see instructions) Excess of total customary charges over total reasonable cost	(complete		0 0	0	
	only if line 6 exceeds line 1)					
00	Excess of reasonable cost over customary charges (complete onl 1 exceeds line 6)	yifline		0 0	0	8
00	Primary payer amounts			0 0	0	9
				Part A	Part B	
				Services 1.00	Services 2.00	-
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				21.00	
00	Total reasonable cost (see instructions)			0	0	
00	Total PPS Reimbursement - Full Episodes without Outliers Total PPS Reimbursement - Full Episodes with Outliers			0	1, 693, 781 80, 093	
00	Total PPS Reimbursement - LUPA Episodes			0	42, 204	
00	Total PPS Reimbursement - PEP Episodes			0	11, 895	
00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	17, 187	
00	Total PPS Outlier Reimbursement - PEP Episodes Total Other Payments			0	2, 112 0	
00	DME Payments			0	0	
00	Oxygen Payments			0	0	19
00	Prosthetic and Orthotic Payments	,		0	0	
00	Part B deductibles billed to Medicare patients (exclude coinsu Subtotal (sum of lines 10 thru 20 minus line 21)	urance)		0	0 1, 847, 272	
00	Excess reasonable cost (from line 8)			0	0	
00	Subtotal (line 22 minus line 23)			0	1, 847, 272	24
00	Coinsurance billed to program patients (from your records)				0	
00	Net cost (line 24 minus line 25) Reimbursable bad debts (from your records)			0	1, 847, 272	26
	Reimbursable bad debts for dual eligible beneficiaries (see in	nstructions)				28
00	Total costs - current cost reporting period (line 26 plus line			0	1, 847, 272	
00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	
50	Pioneer ACO demonstration payment adjustment (see instructions	5)		0	0	
99 00	Demonstration payment adjustment amount before sequestration Subtotal (see instructions)			0	0 1, 847, 272	
00	Sequestration adjustment (see instructions)			0	36, 946	
02	Demonstration payment adjustment amount after sequestration			0	0	
00	Interim payments (see instructions)			0	1, 810, 326	
00	Tentative settlement (for contractor use only) Balance due provider/program (line 31 minus lines 31.01, 32, a	and 33)		0	0	
	Protested amounts (nonallowable cost report items) in accorda		Pub 15-2	0	0	
00						

ALIS	IS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED	Provider CC	CN: 15-0109		eriod:	Worksheet H-5	
PRC	GRAM BENEFICIARIES	HHA CCN:	15-7124	Fi   To	rom 01/01/2018 o 12/31/2018	Date/Time Prep	pared
					Home Health	5/30/2019 2: 39 PPS	≯pm
		I npati en	t Part A		Agency I Par	t B	
		mm/dd/yyyy	Amount		mm/dd/yyyy	Amount	
		1.00	2.00		3.00	4.00	
00 00	Total interim payments paid to provider 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		1, 810, 326 0	1. ( 2. (
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) Program to Provider						3. (
01				0		0	3.
02				0		0	3.
03				0		0	3.
)4				0		0	3.
)5				0		0	3
0	Provider to Program			0		0	3
1				0		0	3
2				0		0	3
3				0		0	3
4				0		0	3
9	Subtotal (sum of lines 3.01-3.49 minus sum of lines			0		0	3
	3. 50-3. 98)						
0	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)			0		1, 810, 326	4
_	TO BE COMPLETED BY CONTRACTOR						_
0	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
	Program to Provider		1				
1				0		0	5
2 3				0		0	5 5
5	Provider to Program		L	0		0	0
0				0		0	5
1				0		0	5
2				0		0	5
9	Subtotal (sum of lines 5.01-5.49 minus sum of lines			0		0	5
0	5.50-5.98) Determined net settlement amount (balance due) based on the cost report. (1)						6
)1	SETTLEMENT TO PROVIDER			0		0	6
)2	SETTLEMENT TO PROGRAM			0		0	6
00	Total Medicare program liability (see instructions)			0		1, 810, 326	7
					Contractor	NPR Date	
			)		Number	(Mo/Day/Yr)	

	Financial Systems	FRANCI SCAN HEALTI	H LAFAYETTE	CN: 15-0109	In Lie Period:	u of Form CMS- Worksheet O	2552-10
			Hospi ce CC		From 01/01/2018 To 12/31/2018	Date/Time Pre 5/30/2019 2:3	pared:
		1			Hospi ce I		2 piii
		SALARI ES	OTHER	SUBTOTAL (col 1 plus col. 2		SUBTOTAL	
	1	1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		907	90		907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0		0 0	0	
3.00	EMPLOYEE BENEFITS DEPARTMENT*	405 452	0	101.40	0 0	0	
4.00 5.00	ADMINISTRATIVE & GENERAL* PLANT OPERATION & MAINTENANCE*	405, 453	25, 985	431, 43	0 0	431, 438 0	•
6.00	LAUNDRY & LINEN SERVICE*	0	0		0 0	0	•
7.00	HOUSEKEEPING*	0	0		0 0	0	
8.00	DI ETARY*	0	0			0	•
9.00	NURSI NG ADMI NI STRATI ON*	72, 574	0	72, 57	74 0	72, 574	•
10.00	ROUTINE MEDICAL SUPPLIES*	,2,0,1	3, 687	1		3, 687	•
11.00	MEDICAL RECORDS*	0	3,007	3,00	0 0	0	1
12.00	STAFF TRANSPORTATION*	Ő	0		0 0	0	1
13.00	VOLUNTEER SERVICE COORDINATION*	40, 737	0	40, 73	37 0	40, 737	1
14.00	PHARMACY*	0	232			232	1
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	123, 457			123, 457	•
16.00	OTHER GENERAL SERVICE*	0	0		0 0	0	1
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES						17.00
	DIRECT PATIENT CARE SERVICE COST CENTERS						1
25.00	INPATIENT CARE-CONTRACTED**		975	5 97	75 0	975	25.00
26.00	PHYSICIAN SERVICES**	0	0	)	0 0	0	26.00
27.00	NURSE PRACTITIONER**	0	0		0 0	0	27.00
28.00	REGI STERED NURSE**	862, 274	0	862, 27	74 0	862, 274	28.00
29.00	LPN/LVN**	0	0		0 0	0	29.00
30.00	PHYSI CAL THERAPY**	0	0		0 0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0		0 0	0	
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	D	0 0	0	
33.00	MEDICAL SOCIAL SERVICES**	154, 670	0	154, 67		154, 670	
34.00	SPIRITUAL COUNSELING**	120, 847	0	120, 84	17 0	120, 847	
35.00	DI ETARY COUNSELI NG**	0	0		0 0	0	
36.00	COUNSELING - OTHER**	0	0		0 0	0	
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	137, 732	0	137, 73		137, 732	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	244, 953			244, 953	
39.00 40.00	PATIENT TRANSPORTATION** I MAGI NG SERVI CES**	0	4, 560	4,56		4, 560	•
40.00	LABS & DI AGNOSTI CS**	0	0		0 0	0	
41.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	51, 165	51, 16	0 0	51, 165	•
42.00	DRUGS CHARGED TO PATIENTS**	0	506, 806			506, 806	
43.00	OUTPATI ENT SERVI CES**	0	000, 000	500, 00		0	1
44.00	PALLIATIVE RADIATION THERAPY**	0	0		0 0	0	1
45.00	PALLIATIVE CHEMOTHERAPY**	0	0		0 0	0	•
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	78, 705	1, 260, 239	1, 338, 94	14 0	1, 338, 944	•
101.00	NONREI MBURSABLE COST CENTERS	10,100	172007207	1,000,7		1,000,711	1 101 00
60.00	BEREAVEMENT PROGRAM *	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0		0 0	0	
62.00	FUNDRAI SI NG*	0	0		0 0	0	1
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0		0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0		0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		0 0	0	
66.00	RESI DENTI AL CARE*	0	0	)	0 0	0	
67.00	ADVERTI SI NG*	0	0	)	0 0	0	
68.00	TELEHEALTH/TELEMONI TORI NG*	0	0		0 0	0	
69.00	THRI FT STORE*	0	0		0 0	0	
70.00	NURSING FACILITY ROOM & BOARD*	0	0		0 0	0	
	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	)	0 0	0	71.00
	TOTAL	1, 872, 992	2, 222, 966	4, 095, 95	-	4, 095, 958	

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

NALYSI S	OF HOSPITAL-BASED HOSPICE COSTS		Provider CCN	15-0109	Period: From 01/01/2018	Worksheet 0	
			Hospice CCN:	15-1563	To 12/31/2018	Date/Time Pr 5/30/2019 2:	
		ADJUSTMENTS 1	OTAL (col. 5		Hospi ce I		
			± col. 6)				
GE	ENERAL SERVICE COST CENTERS	6.00	7.00				
	AP REL COSTS-BLDG & FLXT*	0	907				1.
00 CA	AP REL COSTS-MVBLE EQUIP*	0	0				2.
00 EN	MPLOYEE BENEFITS DEPARTMENT*	0	0				3.
	DMINISTRATIVE & GENERAL*	-305	431, 133				4.
	LANT OPERATION & MAINTENANCE*	0	0				5.
	AUNDRY & LINEN SERVICE*	0	0				6.
	OUSEKEEPING*	0	0				7
	I ETARY* URSI NG ADMI NI STRATI ON*	0	8				8
	OUTINE MEDICAL SUPPLIES*	0	72, 574 3, 687				9
	EDICAL RECORDS*	0	3, 087				11
	TAFF TRANSPORTATI ON*	0	0				12
	OLUNTEER SERVICE COORDINATION*	0	40, 737				13
1	HARMACY*	0	232				14
	HYSICIAN ADMINISTRATIVE SERVICES*	0	123, 457				15
	THER GENERAL SERVICE*	0	0				16
. 00 PA	ATIENT/RESIDENTIAL CARE SERVICES						17
DI	RECT PATIENT CARE SERVICE COST CENTERS						
. 00   1 N	NPATIENT CARE-CONTRACTED**	0	975				25
1	HYSI CI AN SERVI CES**	0	0				26
	URSE PRACTITIONER**	0	0				27
	EGI STERED NURSE**	0	862, 274				28
		0	0				29
	HYSI CAL THERAPY**	0	0				30
	CCUPATIONAL THERAPY** PEECH/LANGUAGE PATHOLOGY**	0	0				31
	EDICAL SOCIAL SERVICES**	0	154, 670				33
	PIRITUAL COUNSELING**	0	120, 847				34
	I ETARY COUNSELING**	0	0				35
	OUNSELING - OTHER**	0	0				36
	OSPICE AIDE & HOMEMAKER SERVICES**	0	137, 732				37
. 00 DL	URABLE MEDICAL EQUIPMENT/OXYGEN**	0	244, 953				38
. 00 PA	ATI ENT TRANSPORTATI ON**	0	4, 560				39
.00 IN	MAGING SERVICES**	0	0				40
	ABS & DIAGNOSTICS**	0	0				41
	EDI CAL SUPPLI ES-NON-ROUTI NE**	0	51, 165				42
	RUGS CHARGED TO PATIENTS**	0	506, 806				42
	UTPATIENT SERVICES**	0	0				43
	ALLIATIVE RADIATION THERAPY** ALLIATIVE CHEMOTHERAPY**	0	0				44
1	THER PATIENT CARE SERVICES (SPECIFY)**	0	1, 338, 944				40
	DNREIMBURSABLE COST CENTERS		1, 330, 744				- 40
	EREAVEMENT PROGRAM *	0	0				60
	OLUNTEER PROGRAM *	0	o				61
	UNDRAI SI NG*	0	0				62
00 HC	OSPICE/PALLIATIVE MEDICINE FELLOWS*	0	o				63
	ALLIATIVE CARE PROGRAM*	0	o				64
	THER PHYSICIAN SERVICES*	0	O				65
	ESIDENTIAL CARE*	0	0				66
	DVERTI SI NG*	0	0				67
	ELEHEALTH/TELEMONI TORI NG*	0	0				68
	HRIFT STORE*	0	0				69
	URSING FACILITY ROOM & BOARD*	0	0				70
. 00 01 0. 00 TC	THER NONREIMBURSABLE (SPECIFY)*	-305	4, 095, 653				71
2.0010	er the amounts in column 7 to Wkst. 0-5,						1.00

\*\* See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

Health Financial Systems	FRANCI SCAN HEALT	H_LAFAYETTE			u of Form CMS-2	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HO	SPICE CONTINUOUS	Provider CC	CN: 15-0109	Period:	Worksheet 0-1	
HOME CARE		Hospi ce CCN	N: 15-1563	From 01/01/2018 To 12/31/2018		pared: 9 pm
				Hospi ce I		
	SALARIES	OTHER	SUBTOTAL (co	I. RECLASSI FI -	SUBTOTAL	
			1 + col. 2)			
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00 INPATIENT CARE-CONTRACTED						25.00
26.00 PHYSI CLAN SERVI CES	0	0		0 0	0	26.00
27.00 NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00 REGI STERED NURSE	604	0	6	04 0	604	28.00
29.00 LPN/LVN	0	0		0 0	0	29.00
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	30.00
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00 MEDICAL SOCIAL SERVICES	0	0		0 0	0	33.00
34.00 SPI RI TUAL COUNSELI NG	0	0		0 0	0	34.00
35. 00 DI ETARY COUNSELI NG	0	0		0 0	0	35.00
36.00 COUNSELING - OTHER	0	0		0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	0	0		0 0	0	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	0		0 0	0	39.00
40.00 I MAGI NG SERVI CES	0	0		0 0	0	40.00
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.00
42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0 0	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44.00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45.00 PALLIATIVE CHEMOTHERAPY	0	0		0 0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		0 0	0	46.00
100. 00 TOTAL *	604	0	6	04 0	604	100.00

 46.00
 OTHER PATIENT CARE SERVICES (SPECIFY)
 0

 100.00
 TOTAL \*
 604

 \* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5		
		ADJUSTMENTS	$\pm$ col. 6)		
		6.00	7.00	-	
	DIRECT PATIENT CARE SERVICE COST CENTERS	0100	1100	I	
25.00	INPATIENT CARE-CONTRACTED				25.00
26.00	PHYSI CI AN SERVI CES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGI STERED NURSE	0	604		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSI CAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	0		33.00
34.00	SPI RI TUAL COUNSELI NG	0	0		34.00
35.00	DI ETARY COUNSELI NG	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	0		39.00
40.00	I MAGI NG SERVI CES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATI ENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	604		100.00
* Trar	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 50.			

Health Financial Systems	FRANCI SCAN HE	ALTH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE C	COSTS FOR HOSPICE ROUTINE HOM	E Provi der	CCN: 15-0109	Peri od:	Worksheet 0-2	
CARE		Hospice C	CN: 15-1563	From 01/01/2018 To 12/31/2018		pared:
					5/30/2019 2:3	9 pm
			_	Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (co		SUBTOTAL	
			1 + col. 2	·		
	1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE CO	DST CENTERS					
25.00 INPATIENT CARE-CONTRACTED					_	25.00
26.00 PHYSI CI AN SERVI CES		0	0	0 0	0	
27.00 NURSE PRACTITIONER		0	0	0 0	0	27.00
28.00 REGI STERED NURSE	859, 52	24	0 859, 5	524 0	859, 524	
29.00 LPN/LVN		0	0	0 0	0	29.00
30. 00 PHYSI CAL THERAPY		0	0	0 0	0	30.00
31.00 OCCUPATIONAL THERAPY		0	0	0 0	0	31.00
32.00 SPEECH/LANGUAGE PATHOLOGY		0	0	0 0	0	32.00
33.00 MEDICAL SOCIAL SERVICES	150, 76	58	0 150, 7	768 0	150, 768	33.00
34.00 SPI RI TUAL COUNSELI NG	119, 88	39	0 119, 8	389 0	119, 889	34.00
35.00 DI ETARY COUNSELI NG		0	0	0 0	0	35.00
36.00 COUNSELING - OTHER		0	0	0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERV	I CES 137, 73	32	0 137, 7	/32 0	137, 732	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXY	GEN	0 244, 95	3 244, 9	953 0	244, 953	38.00
39.00 PATIENT TRANSPORTATION		0 3, 47	5 3, 4	75 0	3, 475	39.00
40.00 I MAGI NG SERVI CES		0	0	0 0	0	40.00
41.00 LABS & DIAGNOSTICS		0	0	0 0	0	41.00
42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE		0 51, 16	5 51, 1	65 0	51, 165	42.00
42.50 DRUGS CHARGED TO PATIENTS		0 506, 80	6 506, 8	06 0	506, 806	42.50

0 0 0

0

0

0

1, 260, 239

2,066,638

0

0 0

1, 338, 944

3, 413, 256

000000

0 43.00

0

0

1, 338, 944 46. 00 3, 413, 256 100. 00

44. 00 45. 00

43. 00 OUTPATIENT SERVICES 44. 00 PALLIATIVE RADIATION THERAPY 45. 00 PALLIATIVE CHEMOTHERAPY 46. 00 OTHER PATIENT CARE SERVICES (SPECIFY) 100. 00 TOTAL \* 78, 705 1, 346, 618

 $^{\ast}$  Transfer the amount in column 7 to Wkst. O-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5	
		6.00	<u>± col. 6)</u> 7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS	0.00	1100	
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSI CI AN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	859, 524	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	150, 768	33.00
34.00	SPI RI TUAL COUNSELI NG	0	119, 889	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	137, 732	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	244, 953	38.00
39.00	PATIENT TRANSPORTATION	0	3, 475	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	51, 165	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	506, 806	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
	OTHER PATIENT CARE SERVICES (SPECIFY)	0	1, 338, 944	46.00
100.00	TOTAL *	0	3, 413, 256	100.00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 51.		

Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

Health Financial Systems	FRANCI SCAN HEALTH	H LAFAYETTE		In Lie	u of Form CMS-	2552-10
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FO	R HOSPICE INPATIENT	Provider CC		Period:	Worksheet 0-3	
RESPI TE CARE		Hospi ce CCN		From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
				Hospi ce I	5/30/2019 2:3	9 pm
	SALARI ES	OTHER	SUBTOTAL (col		SUBTOTAL	
	SALARIES	OTTIER	1 + col . 2	CATIONS	JUDIUIAL	
	1.00	2.00	3.00	4, 00	5.00	
DIRECT PATIENT CARE SERVICE COST CENT						
25.00 INPATIENT CARE-CONTRACTED		0		0 0	0	25.00
26.00 PHYSI CLAN SERVI CES	0	0		0 0	0	26.00
27.00 NURSE PRACTITIONER	0	0		0 0	0	27.00
28.00 REGI STERED NURSE	727	0	72	7 0	727	28.00
29.00 LPN/LVN	0	0		0 0	0	29.00
30. 00 PHYSI CAL THERAPY	0	0		0 0	0	30.00
31.00 OCCUPATIONAL THERAPY	0	0		0 0	0	31.00
32.00 SPEECH/LANGUAGE PATHOLOGY	0	0		0 0	0	32.00
33.00 MEDICAL SOCIAL SERVICES	2, 610	0	2, 61	0 0	2, 610	33.00
34.00 SPIRITUAL COUNSELING	888	0	88	8 0	888	34.00
35. 00 DI ETARY COUNSELI NG	0	0		0 0	0	35.00
36.00 COUNSELING - OTHER	0	0		0 0	0	36.00
37.00 HOSPICE AIDE & HOMEMAKER SERVICES	0	0		0 0	0	37.00
38.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		0 0	0	38.00
39.00 PATIENT TRANSPORTATION	0	1, 085	1, 08	5 0	1, 085	
40.00 I MAGI NG SERVI CES	0	0		0 0	0	
41.00 LABS & DIAGNOSTICS	0	0		0 0	0	41.00
42.00 MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0		0 0	0	42.00
42.50 DRUGS CHARGED TO PATIENTS	0	0		0 0	0	42.50
43.00 OUTPATIENT SERVICES	0	0		0 0	0	43.00
44. 00 PALLIATIVE RADIATION THERAPY	0	0		0 0	0	44.00
45. 00 PALLI ATI VE CHEMOTHERAPY	0	0		0	0	45.00
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)		0	F 04	0	0	46.00
100.00 TOTAL *	4, 225	1, 085	5, 31	0 0	5, 310	100.00

 100.00
 Total \*
 4,225

 \* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5		
		6,00	<u>± col. 6)</u> 7.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0		25.00
26.00	PHYSI CI AN SERVI CES	0	0		26.00
27.00	NURSE PRACTITIONER	0	0		27.00
28.00	REGI STERED NURSE	0	727		28.00
29.00	LPN/LVN	0	0		29.00
30.00	PHYSI CAL THERAPY	0	0		30.00
31.00	OCCUPATIONAL THERAPY	0	0		31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0		32.00
33.00	MEDICAL SOCIAL SERVICES	0	2, 610		33.00
34.00	SPI RI TUAL COUNSELI NG	0	888		34.00
35.00	DI ETARY COUNSELI NG	0	0		35.00
36.00	COUNSELING - OTHER	0	0		36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0		38.00
39.00	PATIENT TRANSPORTATION	0	1, 085		39.00
40.00	I MAGI NG SERVI CES	0	0		40.00
41.00	LABS & DIAGNOSTICS	0	0		41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0		42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0		42.50
43.00	OUTPATI ENT SERVICES	0	0		43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0		44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0		45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0		46.00
100.00	TOTAL *	0	5, 310	1	00.00
* Tran	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 52.			

Health Financial Systems	FRANCI SCAN HEALTH				u of Form CMS-	2552-1
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPIC	CE GENERAL	Provider C	CN: 15-0109	Peri od:	Worksheet 0-4	
INPATIENT CARE		Hospi ce CC	N: 15-1563	From 01/01/2018 To 12/31/2018	Date/Time Pre	pared:
		•			5/30/2019 2:3	9 pm
				Hospi ce I		
	SALARI ES	OTHER	SUBTOTAL (co		SUBTOTAL	
			1 + col . 2)			
	1.00	2.00	3.00	4.00	5.00	
DI RECT PATI ENT CARE SERVI CE COST CENTERS		0.75			075	1 05 0
25. 00 INPATIENT CARE-CONTRACTED		975	9	75 0	975	
26. 00 PHYSI CI AN SERVI CES	0	C	)	0 0	0	
27. 00 NURSE PRACTITIONER	1 110	C		0 0	0	1 - · · · ·
28. 00 REGI STERED NURSE	1, 419	C	1, 4	19 0	1, 419	
29. 00 LPN/LVN 30. 00 PHYSI CAL THERAPY	0	C		0 0	0	
30. 00 PHYSI CAL THERAPY 31. 00 OCCUPATI ONAL THERAPY	0	C C		0 0	0	
32.00 SPEECH/LANGUAGE PATHOLOGY	0			0 0	0	
32. 00 SPEECH/LANGUAGE PATHOLOGY 33. 00 MEDICAL SOCIAL SERVICES	1, 292		1, 2		0 1, 292	
33.00 MEDICAL SOCIAL SERVICES 34.00 SPIRITUAL COUNSELING	70			70 0	1, 292	
34. 00 ISPERITUAL COUNSELING 35. 00 DIETARY COUNSELING	/0			0 0	/0	
36. 00 COUNSELING - OTHER	0			0 0	0	
37. 00 HOSPICE ALDE & HOMEMAKER SERVICES	0			0 0	0	
38. 00 DURABLE MEDICAL EQUIPMENT/OXYGEN	0				0	
39. 00 PATIENT TRANSPORTATION	0				0	
40. 00 I MAGI NG SERVI CES	0	0			0	
41.00 LABS & DIAGNOSTICS	0	C		0 0	0	
12. 00 MEDICAL SUPPLIES-NON-ROUTINE	0	C		0 0	0	1
42. 50 DRUGS CHARGED TO PATIENTS	0	C		0 0	0	1
43. 00 OUTPATIENT SERVICES	0	C		0 0	0	
14. 00 PALLIATIVE RADIATION THERAPY	0	C		0 0	0	
45. 00 PALLIATI VE CHEMOTHERAPY	0	C		0 0	0	
46.00 OTHER PATIENT CARE SERVICES (SPECIFY)	0	C		0 0	0	
100.00 TOTAL *	2, 781	975	3, 7	56 0	3, 756	100.0
* Transfer the amount in column 7 to Wkst. 0-5, col	umn 1 line 53		•			

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	I NPATI ENT CARE-CONTRACTED	0	975	25.00
26.00	PHYSI CLAN SERVI CES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGI STERED NURSE	0	1, 419	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSI CAL THERAPY	0	0	30.00
31.00	OCCUPATI ONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	1, 292	33.00
34.00	SPI RI TUAL COUNSELI NG	0	70	34.00
35.00	DI ETARY COUNSELI NG	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATI ENT TRANSPORTATI ON	0	0	39.00
40.00	I MAGI NG SERVI CES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDI CAL SUPPLI ES-NON-ROUTI NE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATI ENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	3, 756	100.00
* Trar	sfer the amount in column 7 to Wkst. 0-5, col	umn 1, line 53.		

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION         Provider CCN: 15-0109 Hospice CCN: 15-1563         Period: From 01/01/2018 To 12/21/2108         Worksheet 0-5 Date/Time Prepared: 5/30/2019 2: 39 pm           Descriptions         Hospice CN: 15-1563         To TAL EXPENSES (sup of cols.)         1 + 2)           Descriptions         HOSPICE DI RECT EXPENSES (see instructions)         General. (see instructions)         Service I         To TAL EXPENSES (sup of cols.)         1 + 2)           0         CAP REL COSTS-BLDG & FIXT (see instructions)         907         115,636         116,543         1.00           2.00         CAP REL COSTS-MVBLE EQUIP         0         35,108         35,108         2.00           3.00         EMPLOYEE BENEFITS DEPARTIMENT         0         116,543         1.00         2.00           3.00         PLANT OPERATION & MAINTENANCE         0         112,921         5.00         112,921         5.00           0.00         PLANT OPERATION & MAINTENANCE         0         0         0         0         6.00           0.00         PLANT OPERATION         0         0         0         0         0         0         0         0         0         0
Hospice CCN:         15-1563         To         12/31/2018         Date/Time Prepared: 5/30/2019 2:39 pm           Descriptions         Hospice CN:         15-1563         To         12/31/2018         Date/Time Prepared: 5/30/2019 2:39 pm           Descriptions         Hospice 1         Expenses (see instructions)         Expenses (see instructions)         Total Expenses Service         Total Expenses (sum of cols.           1.00         2.00         3.00         1 + 2)         1 + 2)           0         CAP REL COSTS-BLDG & FIXT 2.00         CAP REL COSTS-MVBLE EQUI P         0         3.00           2.00         CAP REL COSTS-MVBLE EQUI P         0         35,108         35,108         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         0         657,362         657,362         3.00           4.00         ADMINI STRATI VE & GENERAL         431, 133         1, 118,371         1, 549,504         4.00           0         DESCRIPTIS         0<
Descriptions         Hospice I           Understand         Hospice I           GENERAL         GENERAL           SERVICE         SERVICE           Instructions)         Instructions)           Instructions)         Instructions           Instructions)         Instructions           Instructions)         Instructions           Instructions)         Instructions           Instructions         Instruct
Descriptions         Hospice 1           Bescriptions         Hospice Direct EXPENSES (see instructions)         TOTAL EXPENSES SERVICE instructions)         TOTAL EXPENSES SERVICE instructions)         TOTAL EXPENSES SERVICE (see instructions)           1.00         SERVICE instructions)         SERVICE instructions)         1 + 2)           1.00         2.00         3.00           2.00         CAP REL COSTS-BLDG & FIXT         907           2.00         CAP REL COSTS-NVBLE EQUIP         0           3.00         657, 362         657, 362           3.00         EMPLOYEE BENEFITS DEPARTMENT         0           0         ADMINISTRATIVE & GENERAL         431, 133           1.18, 371         1, 549, 504         4.00           0         112, 921         5.00           0         0         0         0           1.00         2.01         0         0           1.00         ADMINISTRATIVE & GENERAL         431, 133         1.18, 371           1.12, 921         5.00         0         0         0         0           0         ADMINISTRATIVE & GENERAL         0         112, 921         5.00           0         DESCRIPTION & MAINTENANCE         0         0         0         0
Descriptions         HOSPICE DIRECT EXPENSES (see instructions)         GENERAL SERVICE instructions)         TOTAL EXPENSES (sum of cols. 1 + 2)           1.00         Control (see instructions)         1 + 2)         1 + 2)           1.00         CAP REL COSTS-BLDG & FIXT (see instructions)         116,543         1.00           2.00         CAP REL COSTS-BLDG & FIXT (see instructions)         0         3.00           3.00         0         0         35,108         35,108         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT (see instructions)         0         657,362         657,362         3.00           4.00         ADMINISTRATIVE & GENERAL (sum of cols.)         116,543         1.00         2.00         3.00           5.00         PLANT OPERATION & MAINTENANCE         0         657,362         657,362         3.00           6.00         LAUNDRY & LINEN SERVICE         0<
GENERAL SERVICE COST CENTERS         SERVICE (see instructions)         Service (see instructinstructins)         Service (see instructins)
General Service Cost centers         1 + 2)           1.00         2.00         3.00           1.00         2.00         3.00           1.00         2.00         3.00           1.00         2.00         3.00           1.00         CAP REL COSTS-BLDG & FIXT         907           1.00         CAP REL COSTS-MVBLE EQUIP         0           3.00         EMPLOYEE BENEFITS DEPARTMENT         0           0         657, 362         657, 362           3.00         PLANT OPERATION & MAINTENANCE         0           0.00         LAUNDRY & LI NEN SERVICE         0           0.00         HOUSEKEEPING         0           0.00         IETARY         0           0.00         NURSING ADMINISTRATION         72, 574           0.00         NURSING ADMINISTRATION         72, 574           0.00         NURSING ADMINISTRATION         37, 657           0.00         Straff 2, 643         6, 330           0.00         Straff 7, 2, 643         6, 330           11.00         MUTINE MEDICAL SUPPLIES         0           0.00         37, 657         11.00           11.00         MEDICAL RECORDS         0         37, 657      <
GENERAL SERVICE COST CENTERS         1.00         2.00         3.00           1.00         CAP REL COSTS-BLDG & FIXT         907         115,636         116,543         1.00           2.00         CAP REL COSTS-BLDG & FIXT         0         35,108         35,108         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         0         657,362         657,362         3.00           4.00         ADMI NI STRATI VE & GENERAL         431,133         1,118,371         1,549,504         4.00           5.00         PLANT OPERATION & MAINTENANCE         0         112,921         112,921         512,921         500           6.00         LAUNDRY & LINEN SERVICE         0         0         0         0         6.00           7.00         HOUSEKEEPING         0
Image: constructions         (see instructions)           1.00         2.00         3.00           1.00         2.00         3.00           2.00         CAP REL COSTS - BLDG & FIXT         907         115, 636         116, 543         1.00           2.00         CAP REL COSTS - MVBLE EQUI P         0         35, 108         35, 108         2.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         0         657, 362         657, 362         3.00           4.00         ADMI NI STRATI VE & GENERAL         431, 133         1, 118, 371         1, 549, 504         4.00           5.00         PLANT OPERATION & MAINTENANCE         0
GENERAL SERVICE COST CENTERS         1.00         2.00         3.00           1.00         CAP REL COSTS-BLDG & FIXT         907         115,636         116,543         1.00           2.00         CAP REL COSTS-BLDG & FIXT         907         115,636         116,543         1.00           2.00         CAP REL COSTS-MVBLE EQUIP         0         35,108         2.00         3.00           3.00         EMPLOYEE BENEFITS DEPARTMENT         0         657,362         657,362         3.00           4.00         ADMI NI STRATI VE & GENERAL         431,133         1,118,371         1,549,504         4.00           5.00         PLANT OPERATION & MAINTENANCE         0         112,921         5.00           6.00         LAUNDRY & LI NEN SERVICE         0         0         0         6.00           7.00         HOUSEKEEPI NG         0         0         0         0         8.00           9.00         NURSI NG ADMI NI STRATI ON         72,574         178,042         250,616         9.00           10.00         ROUTINE MEDI CAL SUPPLIES         3,687         2,643         6,330         10.00           11.00         MEDI CAL RECORDS         0         37,657         37,657         11.00         12.00
GENERAL         SERVICE         COST         CENTERS           1.00         CAP         REL         COSTS-BLDG         % FIXT         907         115, 636         116, 543         1.00           2.00         CAP         REL         COSTS-BLDG         % FIXT         0         35, 108         35, 108         2.00           3.00         EMPLOYEE         BENEFITS         DEPARTMENT         0         657, 362         657, 362         3.00           4.00         ADMINISTRATIVE         & GENERAL         431, 133         1, 118, 371         1, 549, 504         4.00           5.00         PLANT         OPERATION         & MAINTENANCE         0         112, 921         5.00           6.00         LAUNDRY & LINEN         SERVICE         0         0         0         6.00           7.00         HOUSEKEEPING         0         47, 643         47, 643         7.00         8.00         0
1.00       CAP REL COSTS-BLDG & FIXT       907       115,636       116,543       1.00         2.00       CAP REL COSTS-MVBLE EQUIP       0       35,108       35,108       2.00         3.00       EMPLOYEE BENEFITS DEPARTMENT       0       657,362       657,362       3.00         4.00       ADMI NI STRATI VE & GENERAL       431,133       1,118,371       1,549,504       4.00         5.00       PLANT OPERATI ON & MAI NTENANCE       0       112,921       112,921       5.00         6.00       LAUNDRY & LI NEN SERVICE       0       0       0       6.00         7.00       HOUSEKEEPING       0       47,643       7.00       8.00         9.00       NURSI NG ADMI NI STRATI ON       72,574       178,042       250,616       9.00         9.00       ROUTI NE MEDI CAL SUPPLIES       3,687       2,643       6,330       10.00         11.00       MEDI CAL RECORDS       0       37,657       37,657       11.00         12.00       STAFF TRANSPORTATI ON       0       0       0       12.00
2.00       CAP REL COSTS-MVBLE EQUIP       0       35, 108       35, 108       2.00         3.00       EMPLOYEE BENEFITS DEPARTMENT       0       657, 362       657, 362       3.00         4.00       ADMI NI STRATI VE & GENERAL       431, 133       1, 118, 371       1, 549, 504       4.00         5.00       PLANT OPERATI ON & MAI NTENANCE       0       112, 921       112, 921       5.00         6.00       LAUNDRY & LI NEN SERVICE       0       0       0       6.00         7.00       HOUSEKEEPING       0       47, 643       7.00       8.00         9.00       NURSI NG ADMI NI STRATI ON       72, 574       178, 042       250, 616       9.00         10.00       ROUTI NE MEDI CAL SUPPLI ES       3, 687       2, 643       6, 330       10.00         11.00       MEDI CAL RECORDS       0       37, 657       11.00       12.00
3.00       EMPLOYEE BENEFITS DEPARTMENT       0       657,362       657,362       3.00         4.00       ADMINI STRATI VE & GENERAL       431,133       1,118,371       1,549,504       4.00         5.00       PLANT OPERATION & MAINTENANCE       0       112,921       112,921       5.00         6.00       LAUNDRY & LINEN SERVICE       0       0       0       6.00         7.00       HOUSEKEEPING       0       47,643       47,643       7.00         8.00       DI ETARY       0       0       8.00       0       0       8.00         9.00       NURSI NG ADMINISTRATION       72,574       178,042       250,616       9.00       8.00         11.00       ROUTINE MEDICAL SUPPLIES       3,687       2,643       6,330       10.00         11.00       STAFF TRANSPORTATION       0       0       0       12.00
4.00       ADMI NI STRATI VE & GENERAL       431, 133       1, 118, 371       1, 549, 504       4.00         5.00       PLANT OPERATI ON & MAI NTENANCE       0       112, 921       112, 921       5.00         6.00       LAUNDRY & LI NEN SERVI CE       0       0       0       6.00         7.00       HOUSEKEEPI NG       0       47, 643       47, 643       7.00         8.00       DI ETARY       0       0       0       8.00         9.00       NURSI NG ADMI NI STRATI ON       72, 574       178, 042       250, 616       9.00         11.00       REDI CAL SUPPLI ES       3, 687       2, 643       6, 330       10.00         11.00       STAFF TRANSPORTATI ON       0       0       12.00
5.00         PLANT OPERATION & MAINTENANCE         0         112,921         112,921         5.00           6.00         LAUNDRY & LINEN SERVICE         0         0         0         6.00           7.00         HOUSEKEEPING         0         47,643         47,643         7.00           8.00         DIETARY         0         0         0         8.00           9.00         NURSING ADMINISTRATION         72,574         178,042         250,616         9.00           10.00         ROUTINE MEDICAL SUPPLIES         3,687         2,643         6,330         10.00           11.00         MEDICAL RECORDS         0         37,657         11.00         12.00         12.00
6.00       LAUNDRY & LI NEN SERVICE       0       0       6.00         7.00       HOUSEKEEPING       0       47,643       47,643       7.00         8.00       DI ETARY       0       0       0       8.00         9.00       NURSI NG ADMI NI STRATI ON       72,574       178,042       250,616       9.00         10.00       ROUTI NE MEDI CAL SUPPLIES       3,687       2,643       6,330       10.00         11.00       MEDI CAL RECORDS       0       37,657       11.00       12.00
7.00       HOUSEKEEPING       0       47,643       47,643       7.00         8.00       DI ETARY       0       0       0       8.00         9.00       NURSING ADMINISTRATION       72,574       178,042       250,616       9.00         10.00       ROUTINE MEDICAL SUPPLIES       3,687       2,643       6,330       10.00         11.00       MEDICAL RECORDS       0       37,657       11.00       12.00
8.00         DI ETARY         0         0         8.00         8.00           9.00         NURSI NG ADMI NI STRATI ON         72, 574         178, 042         250, 616         9.00           10.00         ROUTI NE MEDI CAL SUPPLIES         3, 687         2, 643         6, 330         10.00           11.00         MEDI CAL RECORDS         0         37, 657         11.00         12.00
9.00         NURSI NG ADMI NI STRATI ON         72, 574         178, 042         250, 616         9.00           10.00         ROUTI NE MEDI CAL SUPPLIES         3, 687         2, 643         6, 330         10.00           11.00         MEDI CAL RECORDS         0         37, 657         11.00         12.00
10.00       ROUTI NE MEDI CAL SUPPLIES       3, 687       2, 643       6, 330       10.00         11.00       MEDI CAL RECORDS       0       37, 657       11.00         12.00       STAFF TRANSPORTATION       0       0       12.00
11.00         MEDI CAL RECORDS         0         37, 657         37, 657         11.00           12.00         STAFF TRANSPORTATION         0         12.0
12.00 STAFF TRANSPORTATION 0 12.00
13. 00 VOLUNTEER SERVICE COORDINATION 40, 737 40, 737 13. 00
14.00 PHARMACY 232 0 232 14.00
15. 00 PHYSICIAN ADMINISTRATIVE SERVICES 123, 457 123, 457 15. 00
16.00 OTHER GENERAL SERVICE 0 0 16.00
17. 00         PATI ENT/RESIDENTIAL CARE SERVICES         0         0         17. 00
LEVEL OF CARE
50. 00         HOSPI CE CONTI NUOUS HOME CARE         604         604         50. 00
51. 00 HOSPICE ROUTINE HOME CARE 3, 413, 256 3, 413, 256 51. 00
52. 00         HOSPICE INPATIENT RESPITE CARE         5, 310         5, 310         52. 00
53. 00         HOSPICE_GENERAL_INPATIENT_CARE         3, 756         3, 756         53. 00
NORREI MBURSABLE COST CENTERS
60. 00 BEREAVEMENT PROGRAM 0 0 60. 00
61.00 VOLUNTEER PROGRAM 0 0 61.00
62. 00 FUNDRALSING 0 62. 00
63. 00 HOSPICE/PALLIATIVE MEDICINE FELLOWS 0 0 63. 00
64. 00 PALLIATIVE CARE PROGRAM 0 0 64. 00
65. 00 OTHER PHYSI CI AN SERVI CES 0 65. 00
66. 00 RESIDENTIAL CARE 0 0 66. 00
67. 00 ADVERTI SI NG 0 67. 00
68. 00 TELEHEALTH/TELEMONI TORI NG 0 68. 00
69. 00 THRIFT STORE 0 69. 00
70. 00 NURSING FACILITY ROOM & BOARD 0 0 70. 00
71. 00 OTHER NONREI MBURSABLE (SPECI FY) 0 0 71. 00 99. 00 NEGATI VE COST CENTER 0 99. 00
99. 00         NEGATI VE COST CENTER         0         0         99. 00           100. 00         TOTAL         4, 095, 653         2, 305, 383         6, 401, 036         100. 00

	Financial Systems LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	FRANCI SCAN HEALT	Provi der CC		Period: From 01/01/2018 To 12/31/2018	u of Form CMS-2 Worksheet 0-6 Part I Date/Time Pre 5/30/2019 2:3	pared:
					Hospi ce I	CURTOTAL	
	Descriptions	TOTAL EXPENSESCA	FIX	EQUI P	.E EMPLOYEE BENEFI TS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	116, 543	116, 543				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35, 108		35, 1	08		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	657, 362	0		0 657, 362		3.00
4.00	ADMI NI STRATI VE & GENERAL	1, 549, 504	0		0 0	1, 549, 504	4.00
5.00	PLANT OPERATION & MAINTENANCE	112, 921	0		0 0	112, 921	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	0	6.00
7.00	HOUSEKEEPING	47, 643	0		0 0	47, 643	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSING ADMINISTRATION	250, 616	0		0 0	250, 616	9.00
10.00	ROUTINE MEDICAL SUPPLIES	6, 330	0		0 0	6, 330	10.00
11.00	MEDI CAL RECORDS	37, 657	0		0 0	37, 657	11.00
12.00	STAFF TRANSPORTATION	0	0		0 0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	40, 737	0		0 0	40, 737	13.00
14.00	PHARMACY	232	0		0 0	232	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	123, 457	0		0 0	123, 457	
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0		0	0	17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	604			0	604	
51.00	HOSPICE ROUTINE HOME CARE	3, 413, 256			0	3, 413, 256	
52.00	HOSPICE INPATIENT RESPITE CARE	5, 310	0		0 0	5, 310	
53.00	HOSPICE GENERAL INPATIENT CARE	3, 756	116, 543	35, 1	08 657, 362	812, 769	53.00
	NONREI MBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	000
62.00	FUNDRAI SI NG	0	0		0 0	0	
63.00	HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS	0	0		0 0	0	00.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	
65.00	OTHER PHYSI CI AN SERVI CES	0	0		0 0	0	
66.00	RESIDENTIAL CARE	0	0		0 0	0	
67.00	ADVERTI SI NG	0	0		0	0	
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	
69.00	THRIFT STORE	0	0		0 0	0	07.00
70.00	NURSING FACILITY ROOM & BOARD	0	~			0	
71.00	OTHER NONREI MBURSABLE (SPECI FY)	0	0		0 0	0	
99.00	NEGATIVE COST CENTER		114 540	25 1		( 101 00)	99.00
100.00	TOTAL	6, 401, 036	116, 543	35, 1	08 657, 362	6, 401, 036	1100.00

	Financial Systems LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider C Hospice CC	CN: 15-0109 N: 15-1563			Worksheet O- Part I Date/Time Pr 5/30/2019 2:	rep	pared: pm
	Descriptions	ADMI NI STRATI VE & GENERAL	PLANT OPERATI ON & MAI NTENANCE	LAUNDRY & LINEN SERVI		Hospi ce I HOUSEKEEPI NG	DI ETARY		
		4.00	5.00	6.00		7.00	8.00		
	GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT								1.00
2.00	CAP REL COSTS-MVBLE EQUIP								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT								3.00
4.00	ADMI NI STRATI VE & GENERAL	1, 549, 504							4.00
5.00	PLANT OPERATION & MAINTENANCE	36, 065	148, 986	<b>b</b>					5.00
6.00	LAUNDRY & LINEN SERVICE	0	C		0				6.00
7.00	HOUSEKEEPING	15, 216	C			62, 859			7.00
8.00	DI ETARY	0	C			0		0	8.00
9.00	NURSI NG ADMI NI STRATI ON	80, 043	C			0			9.00
10.00	ROUTINE MEDICAL SUPPLIES	2,022	C			0			10.00
11.00	MEDI CAL RECORDS	12, 027	C			0			11.00
12.00	STAFF TRANSPORTATION	0	C			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	13, 011	C			0			13.00
14.00	PHARMACY	74	C			0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	39, 430	C			0			15.00
16.00	OTHER GENERAL SERVICE	0	C			0			16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0	C			0			17.00
	LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	193							50.00
51.00	HOSPICE ROUTINE HOME CARE	1, 090, 142							51.00
52.00	HOSPICE INPATIENT RESPITE CARE	1, 696	C		0	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	259, 585	148, 986	<b>b</b>	0	62, 859		0	53.00
	NONREI MBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0			60.00
61.00	VOLUNTEER PROGRAM	0	0			0			61.00
62.00	FUNDRAI SI NG	0	0			0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0			63.00
64.00	PALLIATIVE CARE PROGRAM	0	C			0			64.00
65.00	OTHER PHYSICIAN SERVICES	0	C			0			65.00
66.00	RESI DENTI AL CARE	0	0		0	0		0	66.00
67.00	ADVERTI SI NG	0	C			0			67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	C			0			68.00
69.00	THRI FT STORE	0	C			0			69.00
70.00	NURSING FACILITY ROOM & BOARD								70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	C		0	0		0	71.00
99.00	NEGATIVE COST CENTER	0	C		0	0		0	99.00
100 00	TOTAL	1, 549, 504	148, 986	1	0	62, 859			100.00

	Financial Systems	FRANCI SCAN HEAL				u of Form CMS-2	
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL	SERVICE COSTS	Provider CO Hospice CCI		Period: From 01/01/2018 To 12/31/2018		pared:
					Hospi ce I		
	Descriptions	NURSI NG ADMI NI STRATI ON	ROUTI NE MEDI CAL SUPPLI ES	MEDI CAL RECORDS	STAFF TRANSPORTATI ON	VOLUNTEER SERVI CE COORDI NATI ON	
		9.00	10.00	11.00	12.00	13.00	
	GENERAL SERVICE COST CENTERS			_			
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION	330, 659					9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES	0	8, 352				10.00
11.00	MEDI CAL RECORDS	0		49,6	84		11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	53, 748	
14.00	PHARMACY	0			0	0	
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	
16.00	OTHER GENERAL SERVICE	0			0	0	
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES						17.00
50, 00	LEVEL OF CARE HOSPI CE CONTI NUOUS HOME CARE	0	0		2 0	2	50.00
50.00	HOSPICE CONTINUOUS HOME CARE	0	8, 321	49, 4		53, 543	
52.00	HOSPICE ROUTINE HOME CARE	0	8, 321 20		20 0	130	
53.00	HOSPICE GENERAL INPATIENT CARE	330, 659	11		68 0	73	
55.00	NONREI MBURSABLE COST CENTERS	330, 034	11		00 0	/3	55.00
60, 00	BEREAVEMENT PROGRAM	0			0	0	60,00
61.00	VOLUNTEER PROGRAM	0			0	0	
62.00	FUNDRAI SI NG	0			0	0	
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	
64.00	PALLIATIVE CARE PROGRAM	0			0	0	
65.00	OTHER PHYSI CI AN SERVI CES	0			0	0	
66.00	RESI DENTI AL CARE	0			0	0	
67.00	ADVERTISING	0			0	0	
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	
69.00	THRI FT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREI MBURSABLE (SPECIFY)	0			0	0	
99.00	NEGATI VE COST CENTER	0	0		0 0	0	99.00
100.00	TOTAL	330, 659	8, 352	49,6	04	E2 740	100.00

COST A	LLOCATI ON - HOSPI TAL-BASED HOSPI CE GENERAL SE	RVICE COSTS	Provider CC Hospice CC		Period: From 01/01/2018 To 12/31/2018	Worksheet 0-6 Part I Date/Time Pre 5/30/2019 2:3	epared:
					Hospi ce I	373072017 2.0	
	Descriptions	PHARMACY /	PHYSI CI AN ADMI NI STRATI VE SERVI CES	OTHER GENERA SERVI CE		TOTAL	
		14.00	15.00	16.00	17.00	18.00	
	GENERAL SERVICE COST CENTERS	· · ·					
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DI ETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDI CAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	306					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	162, 887				15.00
16.00	OTHER GENERAL SERVICE	0			0		16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES				0		17.00
F0 00	LEVEL OF CARE HOSPI CE CONTI NUOUS HOME CARE	0	F		0	00/	50.00
50.00 51.00	HOSPICE CONTINUOUS HOME CARE	305	ء 162, 265		0	806 4, 777, 326	1
51.00	HOSPICE ROUTINE HOME CARE	305	395		0 0	4, 777, 320 7, 672	1
52.00	HOSPICE THPATTENT RESPICE CARE HOSPICE GENERAL INPATIENT CARE	0	222		0 0	1, 615, 232	1
55.00	NONREI MBURSABLE COST CENTERS	<u> </u>		<u> </u>	0 0	1, 015, 252	55.00
60.00	BEREAVEMENT PROGRAM	0			0	0	60,00
61.00	VOLUNTEER PROGRAM	0			0	0	
62.00	FUNDRALSING	0			0	0	000
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	
64.00	PALLIATIVE CARE PROGRAM	0			0	0	
65.00	OTHER PHYSI CI AN SERVI CES	0			0	0	
66.00	RESI DENTI AL CARE	0	0		0 0	0	
67.00	ADVERTI SI NG	0	0		0	0	
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	
69.00	THRI FT STORE	0			0	0	
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	
99.00	NEGATI VE COST CENTER	0	0		0 0	0	99.00
400.00	TOTAL	306	162, 887		0 0	6, 401, 036	100 00

Heal th	Financial Systems	FRANCI SCAN HEALT	H LAFAYETTE		In Lie	u of Form CMS-:	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL S	ERVICE COSTS	Provider CC	N: 15-0109	Peri od:	Worksheet 0-6	
STATI S	TICAL BASIS			45 45(0	From 01/01/2018	Part II	
			Hospi ce CCN	l: 15-1563	To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
					Hospi ce I	5/30/2019 2.3	7 piii
	Cost Center Descriptions	CAP REL BLDG & C	AP REL MVRIE	EMPLOYEE	RECONCI LI ATI ON	ADMI NI STRATI VE	
	Cost center bescriptions	FIX	FOULP	BENEFITS	RECONCILIATION	& GENERAL	
		(SQUARE FEET) (		DEPARTMENT		(ACCUMULATED	
				(GROSS		COSTS)	
				SALARI ES)		,	
		1.00	2.00	3.00	4A	4.00	
	GENERAL SERVICE COST CENTERS		I				
1.00	CAP REL COSTS-BLDG & FIXT	3, 809					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3, 809				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1, 872, 99	93		3.00
4.00	ADMI NI STRATI VE & GENERAL	0	0		0 -1, 549, 504	4, 851, 532	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0		0 0	112, 921	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0 0	. 0	6.00
7.00	HOUSEKEEPING	0	0		0 0	47,643	7.00
8.00	DI ETARY	0	0		0 0	0	8.00
9.00	NURSI NG ADMI NI STRATI ON	0	0		0 0	250, 616	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0		0 0	6, 330	
11.00	MEDI CAL RECORDS	0	0		0 0	37,657	11.00
12.00	STAFF TRANSPORTATION	0	0		0 0	0,,001	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0		0 0	40, 737	13.00
14.00	PHARMACY	0	0		0 0	232	14.00
15.00	PHYSI CI AN ADMI NI STRATI VE SERVI CES	0	0		0 0	123, 457	15.00
16.00	OTHER GENERAL SERVICE	0	0		0 0	0	16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES	0	0		0	0	17.00
17.00	LEVEL OF CARE	<u> </u>				0	17.00
50.00	HOSPICE CONTINUOUS HOME CARE				0 0	604	50.00
51.00	HOSPICE ROUTINE HOME CARE				0 0	3, 413, 256	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0 0	5, 310	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3, 809	3, 809	1, 872, 99		812, 769	
	NONREI MBURSABLE COST CENTERS	-,	-,	.,			
60.00	BEREAVEMENT PROGRAM	0	0		0 0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0		0 0	0	61.00
62.00	FUNDRALSI NG	0	0		0 0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0 0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0		0 0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0 0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0	0		0 0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0	0		0 0	0	68.00
69.00	THRI FT STORE	0	o		0 0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD				0		70.00
71.00	OTHER NONREI MBURSABLE (SPECI FY)	0	0		0 0	0	71.00
	NEGATIVE COST CENTER		-				99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	116, 543	35, 108	657, 36	52	1, 549, 504	
	UNIT COST MULTIPLIER	30. 596745	9. 217117	0.35096		0. 319384	
			I				•

Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	eu of Form CMS-2	2552-10
COST A	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE	RVICE COSTS	Provider C	CN: 15-0109	Peri od:	Worksheet 0-6	
STATI S	TICAL BASIS			45 45 40	From 01/01/2018		
			Hospi ce CCI	N: 15-1563	To 12/31/2018	Date/Time Pre 5/30/2019 2:3	
					Hospi ce I	5/ 50/ 2019 2. 5	7 µIII
	Cost Center Descriptions	PLANT	LAUNDRY &	HOUSEKEEPIN		NURSI NG	
	best benter beschiptions		LINEN SERVICE	(SQUARE FEET		ADMI NI STRATI ON	
		MAI NTENANCE	(IN-FACILITY		DAYS)		
		(SQUARE FEET)	DAYS)		,	(DIRECT NURS.	
			,			HRS. )	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	3, 809					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		3, 8	)9		7.00
8.00	DI ETARY	0			0 0		8.00
9.00	NURSING ADMINISTRATION	0			0	59, 914	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0			0	0	10.00
11.00	MEDI CAL RECORDS	0			0	0	11.00
12.00	STAFF TRANSPORTATION	0			0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	0	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0 0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3, 809	0	3, 8	0 0	59, 914	53.00
	NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAI SI NG	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESI DENTI AL CARE	0	0		0 0	0	66.00
67.00	ADVERTI SI NG	0			0	0	67.00
68.00	TELEHEALTH/TELEMONI TORI NG	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0 0	0	71.00
	NEGATIVE COST CENTER						99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		0	62, 8		330, 659	
101.00	UNIT COST MULTIPLIER	39. 114203	0. 000000	16. 5027	0. 000000	5. 518894	101. 00

Heal t	n Financial Systems	FRANCI SCAN HEALT	H LAFAYETTE		In Lie	u of Form CMS-	2552-10
	ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE STICAL BASIS	RVICE COSTS	Provider Co Hospice CC		Period: From 01/01/2018 To 12/31/2018	Worksheet 0-6 Part II Date/Time Pre 5/30/2019 2:3	pared:
					Hospi ce I	0/00/2017 2:0	<u>, bui</u>
	Cost Center Descriptions	ROUTI NE MEDI CAL SUPPLI ES (PATI ENT DAYS)	MEDI CAL RECORDS PATI ENT DAYS)	STAFF TRANSPORTATI (MI LEAGE)	VOLUNTEER	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
	GENERAL SERVICE COST CENTERS			•			
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00 17.00	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS DEPARTMENT ADMINISTRATIVE & GENERAL PLANT OPERATION & MAINTENANCE LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY NURSING ADMINISTRATION ROUTINE MEDICAL SUPPLIES MEDICAL RECORDS STAFF TRANSPORTATION VOLUNTEER SERVICE COORDINATION PHARMACY PHYSICIAN ADMINISTRATIVE SERVICES OTHER GENERAL SERVICE PATIENT/RESIDENTIAL CARE SERVICES	30, 112	30, 112		0 0 30, 112 0 0 0 0 0 0 0	30, 112 0 0	15.00
	LEVEL OF CARE	ı		1	-		-
50.00 51.00 52.00 53.00	HOSPI CE ROUTI NE HOME CARE HOSPI CE I NPATI ENT RESPI TE CARE	1 29, 997 73 41	1 29, 997 73 41		0 1 0 29,997 0 73 0 41	1 29, 997 73 41	52.00
	BEREAVEMENT PROGRAM VOLUNTEER PROGRAM FUNDRAI SI NG HOSPI CE/PALLI ATI VE MEDI CI NE FELLOWS PALLI ATI VE CARE PROGRAM OTHER PHYSI CI AN SERVI CES RESI DENTI AL CARE ADVERTI SI NG TELEHEALTH/TELEMONI TORI NG THRI FT STORE NURSI NG FACI LI TY ROOM & BOARD OTHER NONREI MBURSABLE (SPECI FY)	8, 352 0. 277365	49, 684 1. 649973		0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         0         0           0         53, 748         0           0         1. 784936		61.00 62.00 63.00 64.00 65.00 66.00 67.00 68.00 69.00 70.00 71.00 99.00 100.00

Heal th	Financial Systems	FRANCI SCAN HEAL	TH LAFAYETTE		In Lie	u of Form CMS	-2552-10
	LLOCATION - HOSPITAL-BASED HOSPICE GENERAL SE TICAL BASIS	RVICE COSTS	Provider C	CN: 15-0109	Period: From 01/01/2018	Worksheet O- Part II	6
01/11/2			Hospi ce CC	N: 15-1563	To 12/31/2018	Date/Time Pr 5/30/2019 2:	
					Hospi ce I	0/00/2017 21	<u>o, bii</u>
	Cost Center Descriptions	PHYSI CI AN	OTHER GENERAL	PATI ENT/			
		ADMI NI STRATI VE	SERVI CE	RESI DENTI AL			
		SERVI CES	(SPECI FY	CARE SERVICE			
		(PATIENT DAYS)	BASI S)	(IN-FACILITY	(		
		45.00	44.00	DAYS)	_		
	GENERAL SERVICE COST CENTERS	15.00	16.00	17.00			
1.00	CAP REL COSTS-BLDG & FIXT			1			1.00
2.00	CAP REL COSTS-BEDG & TTXT						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMI NI STRATI VE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPI NG						7.00
8.00	DI ETARY						8.00
9.00	NURSI NG ADMI NI STRATI ON						9.00
10.00	ROUTI NE MEDI CAL SUPPLI ES						10.00
11.00	MEDI CAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY						14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30, 112					15.00
16.00	OTHER GENERAL SERVICE		0				16.00
17.00	PATI ENT/RESI DENTI AL CARE SERVI CES				0		17.00
	LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	1	0	)			50.00
51.00	HOSPICE ROUTINE HOME CARE	29, 997	0	)			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	73	0	)	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	41	0		0		53.00
	NONREI MBURSABLE COST CENTERS			1	- 1		
60.00	BEREAVEMENT PROGRAM		0				60.00
61.00	VOLUNTEER PROGRAM		0				61.00
62.00	FUNDRAI SI NG		0				62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0				63.00
64.00	PALLIATIVE CARE PROGRAM		0				64.00
65.00	OTHER PHYSICIAN SERVICES		0				65.00
66.00	RESIDENTIAL CARE	0	0		0		66.00
67.00	ADVERTI SI NG		0	1			67.00
68.00	TELEHEALTH/TELEMONI TORI NG		0	1			68.00
69.00	THRIFT STORE		0				69.00
70.00	NURSING FACILITY ROOM & BOARD		_				70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0		71.00
99.00	NEGATIVE COST CENTER	140 007	0		0		99.00
	COST TO BE ALLOCATED (per Wkst. 0-6, Part I) UNIT COST MULTIPLIER	162, 887 5. 409372					100. 00 101. 00
101.00	UNIT GOST WULTELLER	0.407372	0.00000	1 0.0000			101.00

	Financial Systems	FRANCI SCAN HEAL				u of Form CMS-2	
	IONMENT OF HOSPITAL-BASED HOSPICE SHARED SE OF CARE	RVICE COSTS BY	Provider CC		Period: From 01/01/2018	Worksheet 0-7	
			Hospi ce CCN	l: 15-1563	To 12/31/2018	Date/Time Pre 5/30/2019 2:3	pared: 9 pm
					Hospi ce I		
				Charges by	/ LOC (from Provi	der Records)	
	Cost Center Descriptions	From Wkst. C, C Part I, Col. 9 line	Cost to Charge Ratio	HCHC	HRHC	HI RC	
		0	1.00	2.00	3.00	4.00	
	ANCI LLARY SERVI CE COST CENTERS						
1.00	PHYSI CAL THERAPY	66.00	0. 439427		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0. 259159		0 0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0. 349447		0 0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0. 120325		0 0	0	4.00
4.01	DI ABETES CENTER	73.01	21. 242324		0 0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
o. 00	LABORATORY	60.00	0. 099849		0 0	0	6.00
. 00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0. 131408		0 0	0	7.0
3. 00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADI OLOGY-THERAPEUTI C	55.00	0. 097296		0 0	0	9.00
10. 98	HYPERBARI C OXYGEN THERAPY	76. 98	1. 179397		0 0	0	
11.00	Totals (sum of lines 1-11)				-		11.00
		Charges by LOC		Shared Serv	ice Costs by LOC		
		(from Provider			5		
		Records)					
	Cost Center Descriptions	HGI P H	ICHC (col. 1 x	HRHC (col. 1	xHIRC (col. 1 x	HGIP (col. 1 x	
			col. 2)	col. 3)	col. 4)	col. 5)	
		5.00	6.00	7.00	8.00	9.00	
	ANCI LLARY SERVI CE COST CENTERS						
1.00	PHYSI CAL THERAPY	0	0		0 0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0		0 0	0	2.00
. 00	SPEECH PATHOLOGY	0	0		0 0	0	3.0
. 00	DRUGS CHARGED TO PATIENTS	0	0		0 0	0	4.0
. 01	DI ABETES CENTER	0	o		0 0	0	4.0
. 00	DURABLE MEDICAL EQUIP-RENTED						5.0
. 00	LABORATORY	0	o		0 0	0	6.0
. 00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		0 0	0	
. 00	OTHER OUTPATIENT SERVICE COST CENTER		Ű			Ū	8.0
, 00 , 00	RADI OLOGY-THERAPEUTI C	0	0		0 0	0	
10.98	HYPERBARI C OXYGEN THERAPY	0	0		0 0	0	
	Totals (sum of lines 1-11)		0		0 0	0	
		1 1	Ч			0	1 11.00

		ALTH LAFAYETTE			eu of Form CMS-2	
CALCULA	TION OF HOSPITAL-BASED HOSPICE PER DIEM COST	Provi der	CCN: 15-0109	Peri od:	Worksheet 0-8	
		Hospi ce (	CN: 15-1563	From 01/01/2018 To 12/31/2018		nared
		nospi ce e	-CN. 15 1505	10 12/31/2010	5/30/2019 2:3	
				Hospi ce I		
			TITLE XVII	TITLE XIX	TOTAL	
			MEDI CARE	MEDI CAI D		
			1.00	2.00	3.00	
	HOSPICE CONTINUOUS HOME CARE				1	
	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst.	. 0-7, col. 6,			806	1.0
	line 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 10)				1	2.0
	Total average cost per diem (line 1 divided by line 2)				806.00	
	Unduplicated program days (Wkst. S-9 col. as appropriate,	line 10)		1 0		4. (
	Program cost (line 3 times line 4)		8	06 0		5.0
	HOSPICE ROUTINE HOME CARE		-		1	
	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst.	. 0-7, col. 7,			4, 777, 326	6.
	line 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 11)				29, 997	7.
	Total average cost per diem (line 6 divided by line 7)				159.26	
	Unduplicated program days (Wkst. S-9, col. as appropriate,	, line 11)	28, 0			9.1
	Program cost (line 8 times line 9)		4, 471, 2	25 0		10.0
	HOSPICE INPATIENT RESPITE CARE			1		
	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst.	. 0-7, col. 8,			7, 672	11.
	line 11)					
	Total unduplicated days (Wkst. S-9, col. 4, line 12)					12.
	Total average cost per diem (line 11 divided by line 12)				105.10	
	Unduplicated program days (Wkst. S-9, col. as appropriate,	, line 12)		52 0		14.
	Program cost (line 13 times line 14)		5, 4	65 0		15.
	HOSPICE GENERAL INPATIENT CARE	0.7 1 0			1 (15 000	1
	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst.	. U-7, COL. 9,			1, 615, 232	16.
	line 11) Tatal undur line tatal dava (What C.O. sal. 4, line 12)				41	17
	Total unduplicated days (Wkst. S-9, col. 4, line 13)				41	17.
	Total average cost per diem (line 16 divided by line 17)	1.1		14	39, 395. 90	18. 19.
	Unduplicated program days (Wkst. S-9, col. as appropriate,	, TINE 13)		14 0		
	Program cost (line 18 times line 19) TOTAL HOSPICE CARE		551, 5	43 0		20.
	Total cost (sum of line 1 + line 6 + line 11 + line 16)				6, 401, 036	21
	Total unduplicated days (Wkst. S-9, col. 4, line 14)				30, 112	
3. UU   A	Average cost per diem (line 21 divided by line 22)		1	1	212.57	∠3.

Health Financial Systems	FRANCI SCAN HEALTH LAFAYETTE	In Lie	u of Form CMS-2552-10
CALCULATION OF CAPITAL PAYMENT	Provi der CCN: 15-0109	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/30/2019 2:39 pm
	Title XVIII	Hospi tal	PPS

				5/30/2019 2:3	9 pm
		Title XVIII	Hospi tal	PPS	
				1.00	
				1.00	
	PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			3, 474, 143	1.00
1.00	Model 4 BPCI Capital DRG other than outlier			3, 474, 143	1.00
2.00	Capital DRG outlier payments			193, 505	2.00
2.00	Model 4 BPCI Capital DRG outlier payments			193, 505	2.00
3.00	Total inpatient days divided by number of days in the cost rep	porting poriod (soo inst	ructions)	115. 76	3.00
4.00	Number of interns & residents (see instructions)	boi ting period (see inst	ructrons)	0.00	4.00
4.00 5.00	Indirect medical education percentage (see instructions)			0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the	sum of Lipos 1 and 1 01	columns 1 and	0.00	6.00
0.00	1.01) (see instructions)	suil of fiftes failu 1.01	, corumns r anu	0	0.00
7.00	Percentage of SSI recipient patient days to Medicare Part A pa	ationt dave (Workshoot E	part A lino	4. 11	7.00
7.00	30) (see instructions)	attent days (worksheet L	, part A frie	4.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instruc	rtions)		25.14	8.00
9.00	Sum of lines 7 and 8			29.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)	)		6. 10	10.00
	Disproporti onate share adjustment (see instructions)			211, 923	11.00
	Total prospective capital payments (see instructions)			3, 879, 571	12.00
12.00				0,077,071	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	Total inpatient program capital cost (line 3 x line 4)				
5.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS			0	
					5.00
1.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS	es (see instructions)		1.00	5.00
1. 00 2. 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions)	es (see instructions)		1.00	5.00
1.00 2.00 3.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance	es (see instructions)		1.00 0 0	5.00 1.00 2.00 3.00
1.00 2.00 3.00 4.00 5.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2)	es (see instructions)		1.00 0 0 0	5. 00 1. 00 2. 00
1.00 2.00 3.00 4.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions)			1.00 0 0 0 0 0.00	5.00 1.00 2.00 3.00 4.00 5.00
1.00 2.00 3.00 4.00 5.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4)	structions)	line 6)	1.00 0 0 0 0 0.00 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see inst	structions)	line 6)	1.00 0 0 0 0.00 0.00 0.00	5.00 1.00 2.00 3.00 4.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see ins Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applic	structions) circumstances (line 2 x cable)	·	1.00 0 0 0.00 0.00 0.00 0 0.00 0 0 0 0 0	5. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see ins Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applic Current year comparison of capital minimum payment level to capital minimum payment l	structions) circumstances (line 2 x cable) apital payments (line 8	less line 9)	1.00 0 0 0.00 0 0.00 0 0 0 0 0 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see inst Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applic Current year comparison of capital minimum payment level to ca Carryover of accumulated capital minimum payment level over ca	structions) circumstances (line 2 x cable) apital payments (line 8	less line 9)	1.00 0 0 0.00 0.00 0.00 0 0.00 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see inst Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applic Carryover of accumulated capital minimum payment level over ca Worksheet L, Part III, line 14)	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri	less line 9) or year	1.00 0 0 0.00 0.00 0.00 0 0 0 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS         Program inpatient capital costs (see instructions)         Program inpatient capital costs for extraordinary circumstance         Net program inpatient capital costs for extraordinary circumstance         Net program inpatient capital costs (line 1 minus line 2)         Applicable exception percentage (see instructions)         Capital cost for comparison to payments (line 3 x line 4)         Percentage adjustment for extraordinary circumstances (see instructions)         Capital minimum payment level (line 5 plus line 7)         Current year capital payments (from Part I, line 12, as applic         Current year comparison of capital minimum payment level to ca         Carryover of accumulated capital minimum payment level over ca         Worksheet L, Part III, line 14)         Net comparison of capital minimum payment level to capital payment	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri yments (line 10 plus lin	less line 9) or year e 11)	1.00 0 0 0.00 0.00 0 0.00 0 0 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions) Program inpatient capital costs for extraordinary circumstance Net program inpatient capital costs (line 1 minus line 2) Applicable exception percentage (see instructions) Capital cost for comparison to payments (line 3 x line 4) Percentage adjustment for extraordinary circumstances (see ins Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7) Current year capital payments (from Part I, line 12, as applic Current year comparison of capital minimum payment level over ca Worksheet L, Part III, line 14) Net comparison of capital minimum payment level to capital pay Current year exception payment (if line 12 is positive, enter	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line	less line 9) or year e 11) )	1.00 0 0 0.00 0 0.00 0 0 0 0 0 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS         Program inpatient capital costs (see instructions)         Program inpatient capital costs for extraordinary circumstance         Net program inpatient capital costs for extraordinary circumstance         Applicable exception percentage (see instructions)         Capital cost for comparison to payments (line 3 x line 4)         Percentage adjustment for extraordinary circumstances (see instructions)         Capital minimum payment level (line 5 plus line 7)         Current year capital payments (from Part I, line 12, as applic         Current year comparison of capital minimum payment level over ca         Worksheet L, Part III, line 14)         Net comparison of capital minimum payment level to capital payment (if line 12 is positive, enter         Current year exception payment (if line 12 is positive, enter	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line	less line 9) or year e 11) )	1.00 0 0 0.00 0.00 0 0.00 0 0 0 0 0 0 0	5. 00 1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00 14. 00	PART III - COMPUTATION OF EXCEPTION PAYMENTS         Program inpatient capital costs (see instructions)         Program inpatient capital costs for extraordinary circumstance         Net program inpatient capital costs for extraordinary circumstance         Applicable exception percentage (see instructions)         Capital cost for comparison to payments (line 3 x line 4)         Percentage adjustment for extraordinary circumstances (see inst Adjustment to capital minimum payment level for extraordinary Capital minimum payment level (line 5 plus line 7)         Current year capital payments (from Part I, line 12, as applic Current year comparison of capital minimum payment level to ca Carryover of accumulated capital minimum payment level over ca Worksheet L, Part III, line 14)         Net comparison of capital minimum payment level to capital pay Current year exception payment (if line 12 is positive, enter Carryover of accumulated capital minimum payment level over ca (if line 12 is negative, enter the amount on this line)	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line apital payment for the f	less line 9) or year e 11) )	1.00 0 0 0.00 0 0.00 0 0 0 0 0 0 0 0 0 0	5. 00 1. 00 2. 00 3. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00 12. 00 13. 00
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00 10.00 11.00 12.00 13.00 14.00 15.00	PART III - COMPUTATION OF EXCEPTION PAYMENTS         Program inpatient capital costs (see instructions)         Program inpatient capital costs for extraordinary circumstance         Net program inpatient capital costs for extraordinary circumstance         Applicable exception percentage (see instructions)         Capital cost for comparison to payments (line 3 x line 4)         Percentage adjustment for extraordinary circumstances (see instructions)         Capital minimum payment level (line 5 plus line 7)         Current year capital payments (from Part I, line 12, as applic         Current year comparison of capital minimum payment level over ca         Worksheet L, Part III, line 14)         Net comparison of capital minimum payment level to capital payment (if line 12 is positive, enter         Current year exception payment (if line 12 is positive, enter	structions) circumstances (line 2 x cable) apital payments (line 8 apital payment (from pri yments (line 10 plus lin the amount on this line apital payment for the f	less line 9) or year e 11) )	1.00 0 0 0.00 0 0.00 0 0 0 0 0 0 0 0 0 0	5.00 1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 10.00 11.00 12.00 13.00 14.00