

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/22/2016 2:57 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/22/2016 Time: 2:57 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by NORTHSHORE UNIVERSITY HEALTHSYSTEM (140010) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	5,511,729	-49,205	0	0	1.00
2.00 Subprovider - IPF	0	82,346	0		0	2.00
3.00 Subprovider - IRF	0	54,897	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	5,648,972	-49,205	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:57 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2650 RIDGE AVENUE			PO Box:						1.00	
2.00	City: EVANSTON			State: IL		Zip Code: 60201		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF		REHABILITATION UNIT	14T010	16974	5	10/01/1983	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		TRANSITIONAL CARE CENTER	145855	16974		11/27/1995	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		HOSPICE	141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis		RENAL DIALYSIS	142300	16974		10/01/1997				18.00
18.01	Other		HPH RENAL DIALYSIS	142336	29404		03/05/2008				18.01
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2014	09/30/2015		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			16,834	5,338	0	0	1,150	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			627	203	0	0	18		25.00	

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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

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

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		V 1.00		XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,951,780	22,660,150	30,000,000	118.01		
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N				118.02
119.00	DO NOT USE THIS LINE	119.00					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y				121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	126.00					
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	127.00					
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	128.00					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	129.00					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	130.00					
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	131.00					
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	132.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	133.00					
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.	134.00					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:57 pm						
		1.00	2.00							
All Providers										
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00				
		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00				
142.00	Street:	PO Box:				142.00				
143.00	City:	State:		Zip Code:		143.00				
				1.00						
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00				
		1.00		2.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		Y		145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00				
				1.00						
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00				
		Part A		Part B		Title V	Title XIX			
		1.00		2.00		3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N	N	155.00		
156.00	Subprovider - IPF	N		N		N	N	156.00		
157.00	Subprovider - IRF	N		N		N	N	157.00		
158.00	SUBPROVIDER							158.00		
159.00	SNF	N		N		N	N	159.00		
160.00	HOME HEALTH AGENCY	N		N		N	N	160.00		
161.00	CMHC			N		N	N	161.00		
						1.00				
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	Y						165.00		
		Name		County		State	Zip Code	CBSA	FTE/Campus	
		0		1.00		2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)	EVANSTON HOSPITAL		COOK		IL	60201	16974	2,126.00	166.00
166.01		GLENBROOK HOSPITAL		COOK		IL	60026	16974	882.00	166.01
166.02		HIGHLAND PARK HOSPITAL		LAKE		IL	60035	29404	809.00	166.02
166.03		SKOKIE HOSPITAL		COOK		IL	60076	16974	729.00	166.03
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y							167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0	168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/22/2016 2:57 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2015	12/29/2015	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/22/2016 2:57 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/07/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-2
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847-570-5128		MABERIN@NORTHSHORE.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	01/07/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	615	204,461	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		615	204,461	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	74	25,915	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		733	246,436	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,045		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	7,300		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		789				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		7	2,555			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	61,892	12,256	125,558			1.00
2.00 HMO and other (see instructions)	8,212	1,150				2.00
3.00 HMO IPF Subprovider	254	659				3.00
4.00 HMO IRF Subprovider	308	18				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	61,892	12,256	125,558			7.00
8.00 INTENSIVE CARE UNIT	8,857	1,984	17,023			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	5,483	11,938			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,449	10,835			13.00
14.00 Total (see instructions)	70,749	22,172	165,354	187.89	5,639.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,780	684	9,803	4.15	62.00	16.00
17.00 SUBPROVIDER - IRF	2,631	830	5,508	1.00	26.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	49,197	1,356	69,127	0.00	100.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	38.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				193.04	5,865.00	27.00
28.00 Observation Bed Days		2,158	20,230			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	15,531	4,914	35,386	1.00
2.00	HMO and other (see instructions)			1,718	220		2.00
3.00	HMO IPF Subprovider				138		3.00
4.00	HMO IRF Subprovider				3		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	INFANT SPECIAL CARE UNIT (ISCU)						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	15,531	4,914	35,386	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	237	139	1,710	16.00
17.00	SUBPROVIDER - IRF	0.00	0	198	58	414	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	501,215,397	0	501,215,397	12,199,709.00	41.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		16,466,679	0	16,466,679	81,911.00	201.03
4.01	Physicians - Part A - Teaching		9,787,498	0	9,787,498	58,188.00	168.20
5.00	Physician-Part B		31,451,722	0	31,451,722	368,754.00	85.29
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		16,245,316	0	16,245,316	404,309.00	40.18
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		31,418,183	-4,751,698	26,666,485	695,140.00	38.36
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		23,093,273	0	23,093,273	629,847.00	36.66
12.00	Contract labor: Top level management and other management and administrative services		3,973,362	0	3,973,362	83,189.00	47.76
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		132,746,403	0	132,746,403		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		8,442,430	0	8,442,430		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		3,129,621	0	3,129,621		
22.01	Physician Part A - Teaching		1,917,188	0	1,917,188		
23.00	Physician Part B		7,251,196	0	7,251,196		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	8,972,044	23,438	8,995,482	201,284.00	44.69
27.00	Administrative & General	5.00	115,432,477	-24,705,327	90,727,150	1,406,145.00	64.52
28.00	Administrative & General under contract (see inst.)		26,337,185	0	26,337,185	242,890.00	108.43
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	430,040	0	430,040	7,790.00	55.20
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		11,192,694	0	11,192,694	580,654.00	19.28
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		9,025,886	0	9,025,886	432,840.00	20.85
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	6,232,534	0	6,232,534	147,613.00	42.22
39.00	Central Services and Supply	14.00	3,854,042	0	3,854,042	203,494.00	18.94
40.00	Pharmacy	15.00	13,649,190	0	13,649,190	334,859.00	40.76

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00	4,287,957	0	4,287,957	158,851.00	26.99	41.00
42.00	Soci al Servi ce	17.00	4,261,676	0	4,261,676	113,572.00	37.52	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
2/22/2016 2:57 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	490,286,626	0	490,286,626	12,624,842.00	38.84	1.00
2.00	Excluded area salaries (see instructions)	31,418,183	-4,751,698	26,666,485	695,140.00	38.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	458,868,443	4,751,698	463,620,141	11,929,702.00	38.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,066,635	0	27,066,635	713,036.00	37.96	4.00
5.00	Subtotal wage-related costs (see inst.)	135,876,024	0	135,876,024	0.00	29.31	5.00
6.00	Total (sum of lines 3 thru 5)	621,811,102	4,751,698	626,562,800	12,642,738.00	49.56	6.00
7.00	Total overhead cost (see instructions)	203,675,725	-24,681,889	178,993,836	3,829,992.00	46.73	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/22/2016 2:57 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		46,336,470	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		33,301,755	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		3,142,666	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		64,492,300	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		20,057	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,005,586	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		2,545,704	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,673,724	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		30,627,268	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		263,993	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-36,655,792	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,733,105	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		153,486,836	24.00
Part B - Other than Core Related Cost				
25.00			0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part V Date/Time Prepared: 2/22/2016 2:57 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		23,093,273	153,486,837
2.00	Hospital		23,093,273	132,746,403
3.00	Subprovider - IPF		0	1,570,472
4.00	Subprovider - IRF		0	667,331
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	2,522,556
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	971,457
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	238,869
18.00	Other		0	14,769,749

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140010 Component CCN: 147001		Period: From 10/01/2014 To 09/30/2015		Worksheet S-4 Date/Time Prepared: 2/22/2016 2:57 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY AND LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	4,179	0	709	4,888	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	3,076.00	124.00	1,850.00	5,050.00	2.00
				Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.03	0.00	1.03	3.00
4.00	Director(s) and Assistant Director(s)			0.04	0.00	0.04	4.00
5.00	Other Administrative Personnel			34.78	0.00	34.78	5.00
6.00	Direct Nursing Service			39.35	0.00	39.35	6.00
7.00	Nursing Supervisor			3.00	0.00	3.00	7.00
8.00	Physical Therapy Service			23.51	0.00	23.51	8.00
9.00	Physical Therapy Supervisor			0.04	0.00	0.04	9.00
10.00	Occupational Therapy Service			2.74	0.00	2.74	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.53	0.00	0.53	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.35	0.00	2.35	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TEACHERS, CLINICAL PR			2.00	0.00	2.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	22,193	242	738	489	23,662	21.00
22.00	Skilled Nursing Visit Charges	4,664,520	50,820	155,820	102,690	4,973,850	22.00
23.00	Physical Therapy Visits	20,379	76	313	338	21,106	23.00
24.00	Physical Therapy Visit Charges	4,279,800	15,960	65,730	70,980	4,432,470	24.00
25.00	Occupational Therapy Visits	2,263	21	5	55	2,344	25.00
26.00	Occupational Therapy Visit Charges	475,230	4,410	1,050	11,550	492,240	26.00
27.00	Speech Pathology Visits	335	12	1	2	350	27.00
28.00	Speech Pathology Visit Charges	74,035	2,652	221	442	77,350	28.00
29.00	Medical Social Service Visits	374	5	8	10	397	29.00
30.00	Medical Social Service Visit Charges	94,248	1,260	2,016	2,520	100,044	30.00
31.00	Home Health Aide Visits	1,320	4	2	12	1,338	31.00
32.00	Home Health Aide Visit Charges	174,504	528	264	1,584	176,880	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	46,864	360	1,067	906	49,197	33.00
34.00	Other Charges	104,875	2,891	9,221	2,926	119,913	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	9,867,212	78,521	234,322	192,692	10,372,747	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,365		427	78	3,870	36.00
37.00	Total Number of Outlier Episodes		9		1	10	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-5
Date/Time Prepared:
2/22/2016 2:57 pm

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	124	0	0	0	0	23	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	3.00	7.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	183	0					5.00	
6.00	Number of stations	20	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	1.13	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						N		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	4	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						0		11.00
12.00	Number of patients transplanted during the cost reporting period						0		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.			
		1.00	2.00	3.00	4.00	5.00			
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ERYTHROPOI E I I N	128,066	0	108,900	0		22.00	
22.01		I N J D A R B E P O E T I N A L F A	241,485	0	71,025	0		22.01	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-7

Date/Time Prepared:
2/22/2016 2:57 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet S-7

Date/Time Prepared:
2/22/2016 2:57 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140010 Component CCN: 141522	Period: From 10/01/2014 To 09/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 2/22/2016 2:57 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	28,722	1,105	0	0	4,054	33,881	2.00
3.00	Inpatient Respite Care	68	10	0	0	48	126	3.00
4.00	General Inpatient Care	3,170	297	0	0	623	4,090	4.00
5.00	Total Hospice Days	31,960	1,412	0	0	4,725	38,097	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	1,004	58	0	0	118	1,180	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	31.83	24.34	0.00	0.00	40.04	32.29	8.00
9.00	Unduplicated Census Count	1,042	49	0	0	130	1,221	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/22/2016 2:57 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.258552		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		56,776,383		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		328,684,621		6.00
7.00	Medicaid cost (line 1 times line 6)		84,982,066		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		28,205,683		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		28,205,683		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	36,318,571	5,577,204	41,895,775	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,390,239	1,441,997	10,832,236	21.00
22.00	Partial payment by patients approved for charity care	345,302	502,403	847,705	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,044,937	939,594	9,984,531	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			31,575,476	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,500,753	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			29,074,723	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			7,517,328	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			17,501,859	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			45,707,542	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet A Date/Time Prepared: 2/22/2016 2:57 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		74,841,221	74,841,221	7,215,515	82,056,736	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		38,310,474	38,310,474	0	38,310,474	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,972,044	14,939,201	23,911,245	23,438	23,934,683	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	115,432,477	139,390,927	254,823,404	-46,548,416	208,274,988	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	430,040	48,949,558	49,379,598	0	49,379,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,615,900	3,615,900	0	3,615,900	8.00
9.00	00900	HOUSEKEEPING	0	13,364,590	13,364,590	0	13,364,590	9.00
10.00	01000	DIETARY	0	13,189,947	13,189,947	0	13,189,947	10.00
11.00	01100	CAFETERIA	0	4,685,479	4,685,479	0	4,685,479	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	6,232,534	2,014,029	8,246,563	-729	8,245,834	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,854,042	9,281,981	13,136,023	-4,837,438	8,298,585	14.00
15.00	01500	PHARMACY	13,649,190	96,082,855	109,732,045	-92,391,026	17,341,019	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,287,957	2,291,249	6,579,206	0	6,579,206	16.00
17.00	01700	SOCIAL SERVICE	4,261,676	2,323,644	6,585,320	0	6,585,320	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,696,607	22,878,811	56,575,418	-7,855,994	48,719,424	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	1,351,465	408,012	1,759,477	0	1,759,477	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	47,313	23,994	71,307	197,019	268,326	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	588,136	239,919	828,055	0	828,055	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	72,965,198	22,707,141	95,672,339	2,199,647	97,871,986	30.00
31.00	03100	INTENSIVE CARE UNIT	15,495,706	5,673,973	21,169,679	-342,533	20,827,146	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,447,106	2,394,911	9,842,017	-19,717	9,822,300	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	4,235,803	1,175,368	5,411,171	-42,920	5,368,251	40.00
41.00	04100	SUBPROVIDER - I/RF	1,683,293	552,607	2,235,900	-3,263	2,232,637	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,635,091	3,635,091	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,771,443	69,408,998	88,180,441	-56,622,831	31,557,610	50.00
51.00	05100	RECOVERY ROOM	4,001,935	1,434,894	5,436,829	-148,665	5,288,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,921,385	3,221,863	10,143,248	-2,862,380	7,280,868	52.00
53.00	05300	ANESTHESIOLOGY	2,244,782	3,907,313	6,152,095	-183,501	5,968,594	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,076,166	15,001,405	39,077,571	-5,562,020	33,515,551	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,213,602	1,855,871	6,069,473	-30,574	6,038,899	55.00
56.00	05600	RADIOISOTOPE	3,188,142	3,011,589	6,199,731	-33,312	6,166,419	56.00
57.00	05700	CT SCAN	3,324,006	2,461,986	5,785,992	-147,773	5,638,219	57.00
58.00	05800	MRI	3,788,080	3,706,782	7,494,862	-629,863	6,864,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,564,281	10,563,392	13,127,673	-9,479,236	3,648,437	59.00
60.00	06000	LABORATORY	20,811,980	28,101,932	48,913,912	411,531	49,325,443	60.00
60.01	06001	VASCULAR LAB	1,493,631	542,774	2,036,405	-16,928	2,019,477	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,153,647	2,041,943	3,195,590	-1,122,425	2,073,165	63.00
64.00	06400	INTRAVENOUS THERAPY	1,901,689	1,279,166	3,180,855	-451,811	2,729,044	64.00
65.00	06500	RESPIRATORY THERAPY	5,208,780	2,979,735	8,188,515	-11,867	8,176,648	65.00
66.00	06600	PHYSICAL THERAPY	17,069,827	6,731,013	23,800,840	-312,436	23,488,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,520,584	685,857	3,206,441	-16,262	3,190,179	67.00
68.00	06800	SPEECH PATHOLOGY	952,210	260,860	1,213,070	0	1,213,070	68.00
69.00	06900	ELECTROCARDIOLOGY	4,152,634	6,022,431	10,175,065	-4,639,556	5,535,509	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,401,172	662,630	2,063,802	-9,938	2,053,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,741,217	25,741,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	61,081,218	61,081,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	92,370,978	92,370,978	73.00
74.00	07400	RENAL DIALYSIS	993,848	2,988,995	3,982,843	0	3,982,843	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,050,810	2,157,770	8,208,580	-14,864	8,193,716	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	582,145	174,539	756,684	-194	756,490	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,482,541	33,300,358	57,782,899	53,856,916	111,639,815	90.00
91.00	09100	EMERGENCY	17,677,964	7,264,667	24,942,631	-299,744	24,642,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,525,353	1,231,372	4,756,725	-7,497	4,749,228	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,866,459	5,011,616	12,878,075	0	12,878,075	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,215,515	7,215,515	-7,215,515	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	3,338,986	4,362,768	7,701,754	0	7,701,754	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	488,908,669	746,925,825	1,235,834,494	4,871,342	1,240,705,836	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	12,306,728	82,905,875	95,212,603	-4,871,342	90,341,261	193.01
200.00		TOTAL (SUM OF LINES 118-199)	501,215,397	829,831,700	1,331,047,097	0	1,331,047,097	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	82,056,736	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	38,310,474	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-204,546	23,730,137	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-52,550,952	155,724,036	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,532,368	47,847,230	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,615,900	8.00
9.00	00900	HOUSEKEEPING	0	13,364,590	9.00
10.00	01000	DIETARY	-134,555	13,055,392	10.00
11.00	01100	CAFETERIA	-4,188,105	497,374	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-82	8,245,752	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,298,585	14.00
15.00	01500	PHARMACY	0	17,341,019	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-300	6,578,906	16.00
17.00	01700	SOCIAL SERVICE	0	6,585,320	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-12,606,547	36,112,877	22.00
23.00	02303	PARAMED PRGM-PHARMACY	0	1,759,477	23.00
23.01	02301	PARAMED PRGM-MEDICAL TECH	-79,017	189,309	23.01
23.02	02302	PARAMED PRGM-SCHOOL OF ANESTHESI	-828,055	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,325,703	81,546,283	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,223,947	19,603,199	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,822,300	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-48,945	5,319,306	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,232,637	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	3,635,091	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-8,919	31,548,691	50.00
51.00	05100	RECOVERY ROOM	0	5,288,164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-13	7,280,855	52.00
53.00	05300	ANESTHESIOLOGY	-261,573	5,707,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-942,611	32,572,940	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-211,418	5,827,481	55.00
56.00	05600	RADIOISOTOPE	-133,983	6,032,436	56.00
57.00	05700	CT SCAN	-1,188	5,637,031	57.00
58.00	05800	MRI	-40,000	6,824,999	58.00
59.00	05900	CARDIAC CATHETERIZATION	-314,165	3,334,272	59.00
60.00	06000	LABORATORY	-1,162,873	48,162,570	60.00
60.01	06001	VASCULAR LAB	-2,651	2,016,826	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,073,165	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,729,044	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,176,648	65.00
66.00	06600	PHYSICAL THERAPY	-253,565	23,234,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,190,179	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,213,070	68.00
69.00	06900	ELECTROCARDIOLOGY	-99,245	5,436,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,053,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,741,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	61,081,218	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,370,978	73.00
74.00	07400	RENAL DIALYSIS	0	3,982,843	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-565	8,193,151	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-82,700	673,790	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,003,501	109,636,314	90.00
91.00	09100	EMERGENCY	-2,838,409	21,804,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	4,749,228	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-16,605	12,861,470	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	7,701,754	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-98,097,106	1,142,608,730	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet A
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	29,998,868	29,998,868	191.00
193.01	19301	NON-ALLOWABLE COST	0	90,341,261	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-68,098,238	1,262,948,859	200.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-6
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - NURSERY RECLASS						
1.00	NURSERY	43.00	3,501,234	133,857	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		3,501,234	133,857		
B - TRANSPORTATION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	3,873,839	1.00	
	TOTALS		0	3,873,839		
C - LDRP ROOM CHARGES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,364,120	95,893	1.00	
	TOTALS		1,364,120	95,893		
D - IMPLANT DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	61,081,218	1.00	
	TOTALS		0	61,081,218		
E - INTEREST EXPENSE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,215,515	1.00	
	TOTALS		0	7,215,515		
F - BONUS RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	23,438	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,277,977	0	2.00	
3.00	LABORATORY	60.00	100,000	0	3.00	
4.00	PHYSICAL THERAPY	66.00	6,667	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	145,000	0	5.00	
	TOTALS		1,553,082	0		
G - PROVIDER BASED RECLASS						
1.00	CLINIC	90.00	33,981,511	23,297,482	1.00	
	TOTALS		33,981,511	23,297,482		
H - TEACHING PHYSICIAN RECLASS (I & R)						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,119,577	419,513	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
	TOTALS		3,119,577	419,513		
I - ADMIN PHYSICIAN RECLASS (I & R)						
1.00	ADMINISTRATIVE & GENERAL	5.00	11,082,394	1,490,334	1.00	
	TOTALS		11,082,394	1,490,334		
J - GROUP STIPEND RECLASS						
1.00	LABORATORY	60.00	5,130,217	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		5,130,217	0		
K - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	92,370,978	1.00	
	TOTALS		0	92,370,978		
L - MEDICAL SUPPLIES RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	86,822,435	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	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	86,822,435		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	157,122	39,897		1.00
2.00		0.00	0	0		2.00
	TOTALS		157,122	39,897		
500.00	Grand Total: Increases		59,889,257	276,840,961		500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,349,236	59,736	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,151,998	74,121	0		2.00
	TOTALS		3,501,234	133,857			
B - TRANSPORTATION RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,873,839	0		1.00
	TOTALS		0	3,873,839			
C - LDRP ROOM CHARGES RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,364,120	95,893	0		1.00
	TOTALS		1,364,120	95,893			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,081,218	0		1.00
	TOTALS		0	61,081,218			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,215,515	11		1.00
	TOTALS		0	7,215,515			
F - BONUS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,501,957	0	0		1.00
2.00	NON-ALLOWABLE COST	193.01	51,125	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		1,553,082	0			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	33,981,511	23,297,482	0		1.00
	TOTALS		33,981,511	23,297,482			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	94,253	12,675	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	124,433	16,733	0		2.00
3.00	SUBPROVIDER - IPF	40.00	37,478	5,040	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	51,301	6,899	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	26,921	3,620	0		5.00
6.00	RADIOISOTOPE	56.00	23,504	3,161	0		6.00
7.00	LABORATORY	60.00	2,688,518	361,545	0		7.00
8.00	VASCULAR LAB	60.01	14,748	1,983	0		8.00
9.00	PHYSICAL THERAPY	66.00	34,762	4,675	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	5,827	784	0		10.00
11.00	CLINIC	90.00	17,832	2,398	0		11.00
	TOTALS		3,119,577	419,513			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	11,082,394	1,490,334	0		1.00
	TOTALS		11,082,394	1,490,334			
J - GROUP STIPEND RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	100,000	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	210,000	0	0		2.00
3.00	NON-ALLOWABLE COST	193.01	4,820,217	0	0		3.00
	TOTALS		5,130,217	0			
K - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	92,370,978	0		1.00
	TOTALS		0	92,370,978			
L - MEDICAL SUPPLIES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,266	0		1.00
4.00	NURSING ADMINISTRATION	13.00	0	729	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	963,599	0		5.00
6.00	PHARMACY	15.00	0	20,048	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	333	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	584,067	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	342,533	0		9.00
10.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	19,717	0		10.00
12.00	SUBPROVIDER - IPF	40.00	0	402	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	3,263	0		13.00
14.00	OPERATING ROOM	50.00	0	56,622,831	0		14.00
15.00	RECOVERY ROOM	51.00	0	148,665	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	176,248	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	183,501	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,648,820	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	33	0		19.00
20.00	RADIOISOTOPE	56.00	0	6,647	0		20.00
21.00	CT SCAN	57.00	0	147,773	0		21.00

RECLASSIFICATIONS

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Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
22.00	MRI	58.00	0	629,863	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	9,479,236	0		23.00	
24.00	LABORATORY	60.00	0	1,620,345	0		24.00	
25.00	VASCULAR LAB	60.01	0	197	0		25.00	
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,073,684	0		26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	451,811	0		27.00	
28.00	RESPIRATORY THERAPY	65.00	0	11,867	0		28.00	
29.00	PHYSICAL THERAPY	66.00	0	279,666	0		29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	16,262	0		30.00	
32.00	ELECTROCARDIOLOGY	69.00	0	4,632,945	0		32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,938	0		33.00	
34.00	ASC (NON-DISTINCT PART)	75.00	0	14,864	0		34.00	
35.00	CARDIAC REHABILITATION	76.97	0	194	0		35.00	
36.00	CLINIC	90.00	0	3,401,847	0		36.00	
37.00	EMERGENCY	91.00	0	299,744	0		37.00	
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,497	0		38.00	
TOTALS			0	86,822,435				
N - PARAMED - MEDICAL TECH EXPENSE								
1.00	LABORATORY	60.00	118,272	30,006	0		1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	38,850	9,891	0		2.00	
TOTALS			157,122	39,897				
500.00	Grand Total: Decreases		59,889,257	276,840,961			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
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Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	69,947,668	1,990,922	0	1,990,922	424,499	1.00
2.00	Land Improvements	34,388,016	399,099	0	399,099	1,559,959	2.00
3.00	Buildings and Fixtures	1,363,136,281	98,560,486	0	98,560,486	47,038,154	3.00
4.00	Building Improvements	56,304,060	2,013,559	0	2,013,559	978,551	4.00
5.00	Fixed Equipment	383,958,848	33,506,834	0	33,506,834	41,158,059	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	44,788,811	13,361,571	0	13,361,571	2,720,958	7.00
8.00	Subtotal (sum of lines 1-7)	1,952,523,684	149,832,471	0	149,832,471	93,880,180	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,952,523,684	149,832,471	0	149,832,471	93,880,180	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	71,514,091	0				1.00
2.00	Land Improvements	33,227,156	4,588,651				2.00
3.00	Buildings and Fixtures	1,414,658,613	211,871,697				3.00
4.00	Building Improvements	57,339,068	7,512,771				4.00
5.00	Fixed Equipment	376,307,623	190,308,227				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	55,429,424	11,081,436				7.00
8.00	Subtotal (sum of lines 1-7)	2,008,475,975	425,362,782				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	2,008,475,975	425,362,782				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
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Worksheet A-7
Part II
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	74,841,221	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	38,310,474	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	113,151,695	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	74,841,221				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	38,310,474				2.00
3.00	Total (sum of lines 1-2)	0	113,151,695				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Part III
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,576,738,928	0	1,576,738,928	0.785042	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	431,737,047	0	431,737,047	0.214958	0	2.00
3.00	Total (sum of lines 1-2)	2,008,475,975	0	2,008,475,975	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	74,841,221	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	38,310,474	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	113,151,695	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,215,515	0	0	0	82,056,736	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	38,310,474	2.00
3.00	Total (sum of lines 1-2)	7,215,515	0	0	0	120,367,210	3.00

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-199,986		ADMINISTRATIVE & GENERAL	5.00	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	-24,449,199				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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-4,188,105		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PA, APN, CRNA SALARY	A	-7,850,065		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
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Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 PA, APN, CRNA SALARY	A	-36,645	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 33.01	
33.02 PA, APN, CRNA SALARY	A	-736	ANESTHESIOLOGY	53.00	0 33.02	
33.04 PA, APN, CRNA SALARY	A	-276,912	RADIOLOGY-DIAGNOSTIC	54.00	0 33.04	
33.05 PA, APN, CRNA SALARY	A	-311,035	CARDIAC CATHETERIZATION	59.00	0 33.05	
33.06 PA, APN, CRNA SALARY	A	-122,788	PHYSICAL THERAPY	66.00	0 33.06	
33.07 PA, APN, CRNA SALARY	A	-61,525	ELECTROCARDIOLOGY	69.00	0 33.07	
33.08 PA, APN, CRNA SALARY	A	-1,050,283	EMERGENCY	91.00	0 33.08	
36.00 LOBBYING DUES EXPENSE	A	-100,963	ADMINISTRATIVE & GENERAL	5.00	0 36.00	
37.00 MEDICAID TAX ASSESSMENT	B	-38,624,598	ADMINISTRATIVE & GENERAL	5.00	0 37.00	
39.00 RESEARCH INSTITUTE EXPENSE	A	29,998,868	RESEARCH	191.00	0 39.00	
40.00 TUITION REVENUE OFFSET	B	-79,017	PARAMED ED PRGM-MEDICAL TECH	23.01	0 40.00	
40.01 TUITION REVENUE OFFSET	B	-790,972	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.01	
40.02 TUITION REVENUE OFFSET	B	-65,625	EMERGENCY	91.00	0 40.02	
40.03 TUITION REVENUE OFFSET	B	-13,800	CLINIC	90.00	0 40.03	
40.04 TUITION REVENUE OFFSET	B	-260,837	ANESTHESIOLOGY	53.00	0 40.04	
40.05 CORPORATE EXPENSES	A	-11,783	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.05	
40.07 CORPORATE EXPENSES	A	-6,330,272	ADMINISTRATIVE & GENERAL	5.00	0 40.07	
40.09 CORPORATE EXPENSES	A	-5,000	OPERATION OF PLANT	7.00	0 40.09	
40.13 CORPORATE EXPENSES	A	-82	NURSING ADMINISTRATION	13.00	0 40.13	
40.17 CORPORATE EXPENSES	A	-300	MEDICAL RECORDS & LIBRARY	16.00	0 40.17	
40.19 CORPORATE EXPENSES	A	-7,488	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.19	
40.21 CORPORATE EXPENSES	A	-438	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.21	
40.23 CORPORATE EXPENSES	A	-1,340	ADULTS & PEDIATRICS	30.00	0 40.23	
40.27 CORPORATE EXPENSES	A	-8,919	OPERATING ROOM	50.00	0 40.27	
40.29 CORPORATE EXPENSES	A	-13	DELIVERY ROOM & LABOR ROOM	52.00	0 40.29	
40.31 CORPORATE EXPENSES	A	-732	RADIOLOGY-THERAPEUTIC	55.00	0 40.31	
40.33 CORPORATE EXPENSES	A	-10,395	LABORATORY	60.00	0 40.33	
40.35 CORPORATE EXPENSES	A	-500	PHYSICAL THERAPY	66.00	0 40.35	
40.37 CORPORATE EXPENSES	A	-565	ASC (NON-DISTINCT PART)	75.00	0 40.37	
41.00 CORPORATE EXPENSES	A	-22,912	CLINIC	90.00	0 41.00	
41.04 CORPORATE EXPENSES	A	-250	HOME HEALTH AGENCY	101.00	0 41.04	
41.08		0		0.00	0 41.08	
41.09		0		0.00	0 41.09	
41.12 MISCELLANEOUS REVENUE OFFSET	B	-134,555	DIETARY	10.00	0 41.12	
42.00 MISCELLANEOUS REVENUE OFFSET	B	-1,181,893	ADMINISTRATIVE & GENERAL	5.00	0 42.00	
42.01 MISCELLANEOUS REVENUE OFFSET	B	-1,527,368	OPERATION OF PLANT	7.00	0 42.01	
42.04 MISCELLANEOUS REVENUE OFFSET	B	-2,425,376	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 42.04	
42.05 MISCELLANEOUS REVENUE OFFSET	B	-99,911	ADULTS & PEDIATRICS	30.00	0 42.05	
42.06 MISCELLANEOUS REVENUE OFFSET	B	-6,387	SUBPROVIDER - IPF	40.00	0 42.06	
42.07 MISCELLANEOUS REVENUE OFFSET	B	-92,829	RADIOLOGY-DIAGNOSTIC	54.00	0 42.07	
42.09 MISCELLANEOUS REVENUE OFFSET	B	-75,372	RADIOLOGY-THERAPEUTIC	55.00	0 42.09	
42.11 MISCELLANEOUS REVENUE OFFSET	B	-1,188	CT SCAN	57.00	0 42.11	
42.12 MISCELLANEOUS REVENUE OFFSET	B	-40,000	MRI	58.00	0 42.12	
42.14 MISCELLANEOUS REVENUE OFFSET	B	-192,248	LABORATORY	60.00	0 42.14	
42.17 MISCELLANEOUS REVENUE OFFSET	B	-103,399	PHYSICAL THERAPY	66.00	0 42.17	
42.19 MISCELLANEOUS REVENUE OFFSET	B	-23,790	ELECTROCARDIOLOGY	69.00	0 42.19	
42.22 MISCELLANEOUS REVENUE OFFSET	B	-82,700	CARDIAC REHABILITATION	76.97	0 42.22	
42.25 MISCELLANEOUS REVENUE OFFSET	B	-1,833,832	CLINIC	90.00	0 42.25	
42.27 MISCELLANEOUS REVENUE OFFSET	B	-36,505	EMERGENCY	91.00	0 42.27	
42.30 MISCELLANEOUS REVENUE OFFSET	B	-16,355	HOME HEALTH AGENCY	101.00	0 42.30	
42.31		0		0.00	0 42.31	
42.39		0		0.00	0 42.39	
42.40		0		0.00	0 42.40	
43.00 CORPORATE INTEGRATION COST	A	-5,254,318	ADMINISTRATIVE & GENERAL	5.00	0 43.00	
43.01 CORPORATE INTEGRATION COST	A	-85,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 43.01	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,098,238			50.00	

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet A-8-2

Date/Time Prepared:
2/22/2016 2:57 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	129,222	74,247	54,975	197,500	226	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,348,315	266,875	1,081,440	197,500	5,279	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	21,848	0	21,848	237,100	109	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	3,620	0	3,620	246,400	10	4.00
5.00	22.00	DR. A	2,323,618	2,323,618	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	16,385,938	16,057,681	328,257	197,500	1,953	6.00
7.00	30.00	ADULTS & PEDIATRICS	99,169	0	99,169	179,000	874	7.00
8.00	31.00	INTENSIVE CARE UNIT	1,223,947	1,223,947	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	91,544	0	91,544	181,300	562	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	959,805	51	959,754	271,900	2,960	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	228,910	0	228,910	271,900	716	11.00
12.00	56.00	RADIOISOTOPE	186,655	0	186,655	211,500	518	12.00
13.00	59.00	CARDIAC CATHETERIZATION	3,130	3,130	0	0	0	13.00
14.00	60.00	LABORATORY	2,907,349	0	2,907,349	260,300	15,559	14.00
15.00	60.01	VASCULAR LAB	5,020	0	5,020	246,400	20	15.00
16.00	66.00	PHYSICAL THERAPY	53,417	0	53,417	211,500	261	16.00
17.00	69.00	ELECTROCARDIOLOGY	22,666	0	22,666	197,500	92	17.00
18.00	90.00	CLINIC	169,914	106,188	63,726	181,300	424	18.00
19.00	91.00	EMERGENCY	1,685,996	1,685,996	0	0	0	19.00
200.00			27,850,083	21,741,733	6,108,350		29,563	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	21,459	1,073	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	501,251	25,063	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	12,425	621	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	1,185	59	0	0	0	4.00
5.00	22.00	DR. A	0	0	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	185,441	9,272	0	0	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	75,214	3,761	0	0	0	7.00
8.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	8.00
9.00	40.00	SUBPROVIDER - IPF	48,986	2,449	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	386,935	19,347	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	93,596	4,680	0	0	0	11.00
12.00	56.00	RADIOISOTOPE	52,672	2,634	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	13.00
14.00	60.00	LABORATORY	1,947,119	97,356	0	0	0	14.00
15.00	60.01	VASCULAR LAB	2,369	118	0	0	0	15.00
16.00	66.00	PHYSICAL THERAPY	26,539	1,327	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	8,736	437	0	0	0	17.00
18.00	90.00	CLINIC	36,957	1,848	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
200.00			3,400,884	170,045	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	21,459	33,516	107,763	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	501,251	580,189	847,064	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	12,425	9,423	9,423	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	1,185	2,435	2,435	4.00
5.00	22.00	DR. A	0	0	0	2,323,618	5.00
6.00	30.00	ADULTS & PEDIATRICS	0	185,441	142,816	16,200,497	6.00
7.00	30.00	ADULTS & PEDIATRICS	0	75,214	23,955	23,955	7.00
8.00	31.00	INTENSIVE CARE UNIT	0	0	0	1,223,947	8.00
9.00	40.00	SUBPROVIDER - IPF	0	48,986	42,558	42,558	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	386,935	572,819	572,870	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	93,596	135,314	135,314	11.00
12.00	56.00	RADIOISOTOPE	0	52,672	133,983	133,983	12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	0	0	3,130	13.00
14.00	60.00	LABORATORY	0	1,947,119	960,230	960,230	14.00
15.00	60.01	VASCULAR LAB	0	2,369	2,651	2,651	15.00
16.00	66.00	PHYSICAL THERAPY	0	26,539	26,878	26,878	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	8,736	13,930	13,930	17.00
18.00	90.00	CLINIC	0	36,957	26,769	132,957	18.00
19.00	91.00	EMERGENCY	0	0	0	1,685,996	19.00
200.00			0	3,400,884	2,707,466	24,449,199	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	82,056,736	82,056,736			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	38,310,474		38,310,474		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,730,137	658,841	5,165	24,394,143	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	155,724,036	24,422,687	13,138,134	4,496,564	197,781,421
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	47,847,230	19,889,429	189,635	21,312	67,947,606
8.00 00800	LAUNDRY & LINEN SERVICE	3,615,900	137,666	0	0	3,753,566
9.00 00900	HOUSEKEEPING	13,364,590	515,757	102,189	0	13,982,536
10.00 01000	DIETARY	13,055,392	792,392	119,152	0	13,966,936
11.00 01100	CAFETERIA	497,374	621,907	10,286	0	1,129,567
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	8,245,752	145,173	181,758	308,878	8,881,561
14.00 01400	CENTRAL SERVICES & SUPPLY	8,298,585	0	0	191,002	8,489,587
15.00 01500	PHARMACY	17,341,019	0	0	676,440	18,017,459
16.00 01600	MEDICAL RECORDS & LIBRARY	6,578,906	205,641	3,323	212,507	7,000,377
17.00 01700	SOCIAL SERVICE	6,585,320	122,942	0	211,204	6,919,466
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	36,112,877	968,543	79,161	1,333,720	38,494,301
23.00 02303	PARAMED ED PRGM-PHARMACY	1,759,477	7,858	0	66,977	1,834,312
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	189,309	17,082	0	10,132	216,523
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,654	0	29,147	30,801
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	81,546,283	5,280,095	979,469	3,561,094	91,366,941
31.00 03100	INTENSIVE CARE UNIT	19,603,199	839,562	371,212	767,952	21,581,925
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,822,300	205,951	24,592	369,071	10,421,914
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	5,319,306	357,163	5,910	208,065	5,890,444
41.00 04100	SUBPROVIDER - IRF	2,232,637	175,696	35,506	83,422	2,527,261
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,635,091	54,223	0	173,518	3,862,832
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	31,548,691	1,997,885	4,113,989	930,294	38,590,859
51.00 05100	RECOVERY ROOM	5,288,164	273,016	91,307	198,332	5,850,819
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,280,855	733,123	156,671	218,321	8,388,970
53.00 05300	ANESTHESIOLOGY	5,707,021	87,579	565,054	111,249	6,470,903
54.00 05400	RADIOLOGY-DIAGNOSTIC	32,572,940	2,504,005	4,160,901	1,197,834	40,435,680
55.00 05500	RADIOLOGY-THERAPEUTIC	5,827,481	423,504	1,539,905	207,488	7,998,378
56.00 05600	RADIOISOTOPE	6,032,436	423,938	1,183,763	156,836	7,796,973
57.00 05700	CT SCAN	5,637,031	228,885	1,368,076	164,734	7,398,726
58.00 05800	MRI	6,824,999	494,953	3,326,915	187,733	10,834,600
59.00 05900	CARDIAC CATHETERIZATION	3,334,272	450,367	1,260,245	127,083	5,171,967
60.00 06000	LABORATORY	48,162,570	1,242,428	1,348,107	1,151,524	51,904,629
60.01 06001	VASCULAR LAB	2,016,826	76,516	298,348	73,292	2,464,982
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,073,165	56,870	16,446	55,248	2,201,729
64.00 06400	INTRAVENOUS THERAPY	2,729,044	16,254	16,057	94,246	2,855,601
65.00 06500	RESPIRATORY THERAPY	8,176,648	126,127	161,205	258,142	8,722,122
66.00 06600	PHYSICAL THERAPY	23,234,839	1,341,112	67,655	844,571	25,488,177
67.00 06700	OCCUPATIONAL THERAPY	3,190,179	87,207	7,031	124,918	3,409,335
68.00 06800	SPEECH PATHOLOGY	1,213,070	57,159	3,003	47,191	1,320,423
69.00 06900	ELECTROCARDIOLOGY	5,436,264	540,407	404,337	205,512	6,586,520
70.00 07000	ELECTROENCEPHALOGRAPHY	2,053,864	102,428	185,680	69,441	2,411,413
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,741,217	267,619	128,273	0	26,137,109
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	61,081,218	430,990	206,576	0	61,718,784
73.00 07300	DRUGS CHARGED TO PATIENTS	92,370,978	343,493	28,693	0	92,743,164
74.00 07400	RENAL DIALYSIS	3,982,843	216,022	22,353	49,254	4,270,472
75.00 07500	ASC (NON-DISTINCT PART)	8,193,151	745,593	23,703	299,872	9,262,319
76.00 03950	BLANK	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	673,790	111,671	21,255	28,851	835,567
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	109,636,314	5,374,043	1,200,493	2,896,536	119,107,386
91.00 09100	EMERGENCY	21,804,478	1,127,778	338,716	876,102	24,147,074
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	4,749,228	300,148	0	174,713	5,224,089
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	12,861,470	188,290	11,575	389,854	13,451,189

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	83,878	2,910	165,477	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,873,550	37,504,734	24,025,653	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	573,350	565,562	0	191.00
193.01	19301	NON-ALLOWABLE COST	5,609,836	240,178	368,490	193.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	82,056,736	38,310,474	24,394,143	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part I Date/Time Prepared: 2/22/2016 2:57 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	197,781,421				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	12,616,579	0	80,564,185		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	696,966	0	299,062	4,749,594	8.00
9.00	00900	HOUSEKEEPING	2,596,291	0	1,120,416	40,553	17,739,796
10.00	01000	DIETARY	2,593,395	0	1,721,371	7,523	385,835
11.00	01100	CAFETERIA	209,739	0	1,351,014	0	302,821
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,649,137	0	315,370	0	70,688
14.00	01400	CENTRAL SERVICES & SUPPLY	1,576,355	0	0	0	0
15.00	01500	PHARMACY	3,345,500	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,299,837	0	446,729	0	100,132
17.00	01700	SOCIAL SERVICE	1,284,813	0	267,076	0	59,863
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,147,660	0	2,104,038	0	471,607
23.00	02303	PARAMED ED PRGM-PHARMACY	340,597	0	17,071	0	3,826
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	40,204	0	37,108	0	8,317
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	5,719	0	3,594	0	806
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,965,105	0	11,470,342	1,439,519	2,571,006
31.00	03100	INTENSIVE CARE UNIT	4,007,353	0	1,823,844	213,264	408,803
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,935,151	0	447,403	44,314	100,283
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	1,093,744	0	775,891	86,551	173,911
41.00	04100	SUBPROVIDER - IRF	469,264	0	381,678	33,343	85,551
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	717,255	0	117,792	0	26,402
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,165,589	0	4,340,154	254,992	972,819
51.00	05100	RECOVERY ROOM	1,086,386	0	593,093	151,945	132,938
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,557,672	0	1,592,618	136,233	356,975
53.00	05300	ANESTHESIOLOGY	1,201,524	0	190,255	0	42,645
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,508,137	0	5,439,635	311,139	1,219,261
55.00	05500	RADIOLOGY-THERAPEUTIC	1,485,147	0	920,008	125,263	206,214
56.00	05600	RADIOISOTOPE	1,447,750	0	920,952	129,141	206,426
57.00	05700	CT SCAN	1,373,803	0	497,224	12,381	111,450
58.00	05800	MRI	2,011,779	0	1,075,222	85,219	241,004
59.00	05900	CARDIAC CATHETERIZATION	960,336	0	978,365	140,112	219,295
60.00	06000	LABORATORY	9,637,703	0	2,699,018	33,226	604,968
60.01	06001	VASCULAR LAB	457,700	0	166,221	57,557	37,257
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408,819	0	123,542	16,613	27,691
64.00	06400	INTRAVENOUS THERAPY	530,231	0	35,311	1,842	7,915
65.00	06500	RESPIRATORY THERAPY	1,619,532	0	273,994	0	61,414
66.00	06600	PHYSICAL THERAPY	4,732,670	0	2,913,397	76,913	653,020
67.00	06700	OCCUPATIONAL THERAPY	633,049	0	189,447	52,542	42,463
68.00	06800	SPEECH PATHOLOGY	245,177	0	124,171	0	27,832
69.00	06900	ELECTROCARDIOLOGY	1,222,992	0	1,173,966	133,334	263,137
70.00	07000	ELECTROENCEPHALOGRAPHY	447,754	0	222,511	47,331	49,874
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,853,165	0	581,368	38,633	130,310
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,460,006	0	936,271	62,220	209,859
73.00	07300	DRUGS CHARGED TO PATIENTS	17,220,643	0	746,196	0	167,255
74.00	07400	RENAL DIALYSIS	792,946	0	469,281	87,139	105,186
75.00	07500	ASC (NON-DISTINCT PART)	1,719,837	0	1,619,707	211,540	363,047
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	155,149	0	242,592	34,401	54,376
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	22,116,046	0	11,674,433	405,174	2,616,752
91.00	09100	EMERGENCY	4,483,653	0	2,449,956	279,637	549,143
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	970,014	0	652,034	0	146,149
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,497,630	0	409,037	0	91,683
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,476,910	0	182,214	0	40,842
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,070,413	0	67,131,992	4,749,594	14,729,051

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	5,781,694	0	1,245,531	0	279,178	191.00
193.01	19301	NON-ALLOWABLE COST	17,929,314	0	12,186,662	0	2,731,567	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	197,781,421	0	80,564,185	4,749,594	17,739,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part I Date/Time Prepared: 2/22/2016 2:57 pm		
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	18,675,060				10.00	
11.00	01100	CAFETERIA	0	2,993,141			11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00	
13.00	01300	NURSING ADMINISTRATION	0	42,637	0	10,959,393	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	10,065,942	14.00	
15.00	01500	PHARMACY	0	0	0	30,317	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	45,883	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	32,804	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	111,856	0	50,141	22.00	
23.00	02303	PARAMED ED PRGM-PHARMACY	0	13,960	0	0	23.00	
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	1,773	0	0	23.01	
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	2,566	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,533,697	589,443	0	3,624,481	267,544	30.00
31.00	03100	INTENSIVE CARE UNIT	1,293,709	115,298	0	1,045,798	86,249	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	23,548	55,067	0	587,366	39,849	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	938,568	37,447	0	179,075	2,444	40.00
41.00	04100	SUBPROVIDER - I RF	494,048	15,871	0	100,282	4,842	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	342,525	144,229	0	888,212	558,018	50.00
51.00	05100	RECOVERY ROOM	7,484	26,112	0	279,357	16,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	713,034	58,313	0	530,062	78,792	52.00
53.00	05300	ANESTHESIOLOGY	0	14,981	0	21,489	130,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,443	211,023	0	207,727	69,498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,497	24,113	0	21,489	387	55.00
56.00	05600	RADIOISOTOPE	12,242	21,740	0	0	3,923	56.00
57.00	05700	CT SCAN	7,831	24,371	0	0	39,962	57.00
58.00	05800	MRI	2,272	26,854	0	14,326	17,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,176	17,412	0	114,608	17,945	59.00
60.00	06000	LABORATORY	10,691	213,988	0	14,326	0	60.00
60.01	06001	VASCULAR LAB	0	10,051	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,627	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	12,630	0	150,423	29,849	64.00
65.00	06500	RESPIRATORY THERAPY	588	47,066	0	0	50,520	65.00
66.00	06600	PHYSICAL THERAPY	0	141,602	0	7,163	28,149	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,178	0	0	257	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,212	0	0	321	68.00
69.00	06900	ELECTROCARDIOLOGY	11,493	35,563	0	114,608	9,228	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,199	0	0	857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,516	0	0	2,403,406	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	36,261	0	0	5,703,022	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,265	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	22,372	8,432	0	42,978	13,664	74.00
75.00	07500	ASC (NON-DISTINCT PART)	361,074	46,409	0	415,454	32,659	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	481	4,804	0	28,652	438	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	318,576	232,980	0	931,190	196,497	90.00
91.00	09100	EMERGENCY	567,311	143,065	0	909,701	197,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	871,400	37,399	0	236,379	16,812	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	59,994	0	308,009	12,303	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	23,104	0	114,608	5,336	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,675,060	2,851,098	0	10,937,904	10,065,896	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	84,111	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	57,932	0	21,489	46	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,675,060	2,993,141	0	10,959,393	10,065,942	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part I Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	21,393,276				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,892,958			16.00
17.00	01700	SOCIAL SERVICE	0	0	8,564,032		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	1	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	412	677,248	4,501,641	0	30.00
31.00	03100	INTENSIVE CARE UNIT	311	162,178	695,041	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	1,831	109,847	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1	45,905	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	20,046	311,678	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	21,472	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,805	743,612	0	0	50.00
51.00	05100	RECOVERY ROOM	861	153,109	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75	110,319	0	0	52.00
53.00	05300	ANESTHESIOLOGY	262,028	119,108	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,969	550,638	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	39	195,095	0	0	55.00
56.00	05600	RADIOISOTOPE	740	155,377	0	0	56.00
57.00	05700	CT SCAN	38,196	583,833	0	0	57.00
58.00	05800	MRI	32,671	381,464	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,119	163,885	0	0	59.00
60.00	06000	LABORATORY	2,508	875,979	0	0	60.00
60.01	06001	VASCULAR LAB	0	61,912	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	6,313	23,723	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	891	24,921	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,415	111,805	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,289	182,062	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	781	32,097	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,330	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	892	315,163	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1	23,224	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6	283,821	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10	456,186	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,132,932	946,072	0	0	73.00
74.00	07400	RENAL DIALYSIS	63,381	27,046	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	119	43,605	12,143	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	17	4,678	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	33,481	585,441	1,244,884	0	90.00
91.00	09100	EMERGENCY	5,331	583,069	40,869	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	38,903	398,640	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	96,715	40,070	271,592	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	88,359	26,715	1,087,544	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,804,500	8,892,958	8,564,032	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	2,354	0	0	0	0	0 191.00
193.01	19301	NON-ALLOWABLE COST	6,586,422	0	0	0	0	0 193.01
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	21,393,276	8,892,958	8,564,032	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		48,379,683			22.00
23.00 02303	PARAMED PRGM-PHARMACY			2,209,766		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				304,041	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					43,486
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	27,372,846	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	228,957	0	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	1,032,797	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	248,867	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	7,122,564	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	3,108,345	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,689,805	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	256,333	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	2,934,138	0	304,041	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	388,232	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	2,209,766	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	545,018	0	0	90.00
91.00 09100	EMERGENCY	0	3,451,781	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESIA			
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
			21.00	22.00	23.00					23.01	23.02
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	48,379,683	2,209,766	304,041	43,486		118.00		
NONREIMBURSABLE COST CENTERS											
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00		
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	0	193.01		
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	48,379,683	2,209,766	304,041	43,486		202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02303	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	173,380,225	-27,372,846	146,007,379	30.00
31.00	03100	INTENSIVE CARE UNIT	31,433,773	0	31,433,773	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	13,995,530	-228,957	13,766,573	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	10,256,778	-1,032,797	9,223,981	40.00
41.00	04100	SUBPROVIDER - I/RF	4,692,731	-248,867	4,443,864	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	4,745,753	0	4,745,753	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,129,378	-7,122,564	54,006,814	50.00
51.00	05100	RECOVERY ROOM	8,298,629	0	8,298,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,523,063	0	13,523,063	52.00
53.00	05300	ANESTHESIOLOGY	11,605,659	-3,108,345	8,497,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,755,955	-1,689,805	56,066,150	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,233,963	-256,333	10,977,630	55.00
56.00	05600	RADIOISOTOPE	10,695,264	0	10,695,264	56.00
57.00	05700	CT SCAN	10,087,777	0	10,087,777	57.00
58.00	05800	MRI	14,723,031	0	14,723,031	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,838,220	0	7,838,220	59.00
60.00	06000	LABORATORY	69,235,215	-2,934,138	66,301,077	60.00
60.01	06001	VASCULAR LAB	3,255,680	0	3,255,680	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,818,057	0	2,818,057	63.00
64.00	06400	INTRAVENOUS THERAPY	3,649,614	0	3,649,614	64.00
65.00	06500	RESPIRATORY THERAPY	10,888,456	0	10,888,456	65.00
66.00	06600	PHYSICAL THERAPY	34,224,442	0	34,224,442	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,379,149	0	4,379,149	67.00
68.00	06800	SPEECH PATHOLOGY	1,738,466	0	1,738,466	68.00
69.00	06900	ELECTROCARDIOLOGY	10,255,128	-388,232	9,866,896	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,214,164	0	3,214,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	34,450,334	0	34,450,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,582,619	0	80,582,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	128,260,293	0	128,260,293	73.00
74.00	07400	RENAL DIALYSIS	5,902,897	-369,551	5,533,346	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,087,913	0	14,087,913	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,361,155	0	1,361,155	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	160,007,858	-545,018	159,462,840	90.00
91.00	09100	EMERGENCY	37,808,153	-3,451,781	34,356,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	8,591,819	0	8,591,819	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	17,238,222	0	17,238,222	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
116.00	11600	HOSPICE	10,999,651	0	10,999,651	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,088,345,014	-48,749,234	1,039,595,780	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	38,530,648	0	38,530,648	191.00
193.01	19301	NON-ALLOWABLE COST	136,073,197	0	136,073,197	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,262,948,859	-48,749,234	1,214,199,625	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	658,841	5,165	664,006	664,006 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	24,422,687	13,138,134	37,560,821	122,391 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	19,889,429	189,635	20,079,064	580 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	137,666	0	137,666	0 8.00
9.00 00900	HOUSEKEEPING	0	515,757	102,189	617,946	0 9.00
10.00 01000	DIETARY	0	792,392	119,152	911,544	0 10.00
11.00 01100	CAFETERIA	0	621,907	10,286	632,193	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	145,173	181,758	326,931	8,408 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,199 14.00
15.00 01500	PHARMACY	0	0	0	0	18,413 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	205,641	3,323	208,964	5,784 16.00
17.00 01700	SOCIAL SERVICE	0	122,942	0	122,942	5,749 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	968,543	79,161	1,047,704	36,304 22.00
23.00 02303	PARAMED PRGM-PHARMACY	0	7,858	0	7,858	1,823 23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	17,082	0	17,082	276 23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,654	0	1,654	793 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	5,280,095	979,469	6,259,564	96,933 30.00
31.00 03100	INTENSIVE CARE UNIT	0	839,562	371,212	1,210,774	20,904 31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	205,951	24,592	230,543	10,046 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	0	357,163	5,910	363,073	5,664 40.00
41.00 04100	SUBPROVIDER - I RF	0	175,696	35,506	211,202	2,271 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	54,223	0	54,223	4,723 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,997,885	4,113,989	6,111,874	25,323 50.00
51.00 05100	RECOVERY ROOM	0	273,016	91,307	364,323	5,399 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	733,123	156,671	889,794	5,943 52.00
53.00 05300	ANESTHESIOLOGY	0	87,579	565,054	652,633	3,028 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,504,005	4,160,901	6,664,906	32,605 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	423,504	1,539,905	1,963,409	5,648 55.00
56.00 05600	RADIOISOTOPE	0	423,938	1,183,763	1,607,701	4,269 56.00
57.00 05700	CT SCAN	0	228,885	1,368,076	1,596,961	4,484 57.00
58.00 05800	MRI	0	494,953	3,326,915	3,821,868	5,110 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	450,367	1,260,245	1,710,612	3,459 59.00
60.00 06000	LABORATORY	0	1,242,428	1,348,107	2,590,535	31,345 60.00
60.01 06001	VASCULAR LAB	0	76,516	298,348	374,864	1,995 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	56,870	16,446	73,316	1,504 63.00
64.00 06400	INTRAVENOUS THERAPY	0	16,254	16,057	32,311	2,565 64.00
65.00 06500	RESPIRATORY THERAPY	0	126,127	161,205	287,332	7,027 65.00
66.00 06600	PHYSICAL THERAPY	0	1,341,112	67,655	1,408,767	22,989 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	87,207	7,031	94,238	3,400 67.00
68.00 06800	SPEECH PATHOLOGY	0	57,159	3,003	60,162	1,285 68.00
69.00 06900	ELECTROCARDIOLOGY	0	540,407	404,337	944,744	5,594 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	102,428	185,680	288,108	1,890 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	267,619	128,273	395,892	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	430,990	206,576	637,566	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	343,493	28,693	372,186	0 73.00
74.00 07400	RENAL DIALYSIS	0	216,022	22,353	238,375	1,341 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	745,593	23,703	769,296	8,163 75.00
76.00 03950	BLANK	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	111,671	21,255	132,926	785 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	5,374,043	1,200,493	6,574,536	78,844 90.00
91.00 09100	EMERGENCY	0	1,127,778	338,716	1,466,494	23,848 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	300,148	0	300,148	4,756 92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	188,290	11,575	199,865	10,612 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	83,878	2,910	86,788	4,504
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	75,873,550	37,504,734	113,378,284	653,976
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	0	573,350	565,562	1,138,912	0
193.01 19301	NON-ALLOWABLE COST	0	5,609,836	240,178	5,850,014	10,030
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	82,056,736	38,310,474	120,367,210	664,006

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	37,683,212			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	2,403,850	0	22,483,494	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	132,794	0	83,461	353,921	8.00	
9.00	00900	HOUSEKEEPING	494,674	0	312,681	3,022	1,428,323	9.00
10.00	01000	DIETARY	494,122	0	480,393	561	31,066	10.00
11.00	01100	CAFETERIA	39,962	0	377,035	0	24,382	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	314,212	0	88,012	0	5,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	300,345	0	0	0	0	14.00
15.00	01500	PHARMACY	637,422	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	247,659	0	124,671	0	8,062	16.00
17.00	01700	SOCIAL SERVICE	244,797	0	74,534	0	4,820	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,361,851	0	587,186	0	37,972	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	64,894	0	4,764	0	308	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	7,660	0	10,356	0	670	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	1,090	0	1,003	0	65	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,232,380	0	3,201,092	107,267	207,005	30.00
31.00	03100	INTENSIVE CARE UNIT	763,525	0	508,990	15,892	32,915	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	368,706	0	124,859	3,302	8,074	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	208,392	0	216,532	6,449	14,002	40.00
41.00	04100	SUBPROVIDER - IRF	89,409	0	106,517	2,485	6,888	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	136,659	0	32,873	0	2,126	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,365,267	0	1,211,231	19,001	78,327	50.00
51.00	05100	RECOVERY ROOM	206,990	0	165,518	11,322	10,704	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	296,785	0	444,461	10,152	28,742	52.00
53.00	05300	ANESTHESIOLOGY	228,928	0	53,096	0	3,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,430,533	0	1,518,069	23,185	98,169	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	282,967	0	256,752	9,334	16,603	55.00
56.00	05600	RADIOISOTOPE	275,841	0	257,015	9,623	16,620	56.00
57.00	05700	CT SCAN	261,752	0	138,763	923	8,973	57.00
58.00	05800	MRI	383,306	0	300,068	6,350	19,405	58.00
59.00	05900	CARDIAC CATHETERIZATION	182,974	0	273,038	10,441	17,657	59.00
60.00	06000	LABORATORY	1,836,282	0	753,230	2,476	48,709	60.00
60.01	06001	VASCULAR LAB	87,206	0	46,388	4,289	3,000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	77,893	0	34,478	1,238	2,230	63.00
64.00	06400	INTRAVENOUS THERAPY	101,025	0	9,854	137	637	64.00
65.00	06500	RESPIRATORY THERAPY	308,571	0	76,465	0	4,945	65.00
66.00	06600	PHYSICAL THERAPY	901,721	0	813,058	5,731	52,578	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,615	0	52,870	3,915	3,419	67.00
68.00	06800	SPEECH PATHOLOGY	46,714	0	34,653	0	2,241	68.00
69.00	06900	ELECTROCARDIOLOGY	233,018	0	327,625	9,936	21,187	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,311	0	62,097	3,527	4,016	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	924,679	0	162,245	2,879	10,492	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,183,487	0	261,290	4,636	16,897	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,281,068	0	208,245	0	13,467	73.00
74.00	07400	RENAL DIALYSIS	151,081	0	130,965	6,493	8,469	74.00
75.00	07500	ASC (NON-DISTINCT PART)	327,682	0	452,021	15,763	29,231	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	29,561	0	67,702	2,563	4,378	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,213,503	0	3,258,049	30,192	210,688	90.00
91.00	09100	EMERGENCY	854,275	0	683,723	20,837	44,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	184,818	0	181,967	0	11,767	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	475,876	0	114,152	0	7,382	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	281,397	0	50,851	0	3,288	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,165,529	0	18,734,898	353,921	1,185,915	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,101,592	0	347,597	0	22,478	191.00
193.01	19301	NON-ALLOWABLE COST	3,416,091	0	3,400,999	0	219,930	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,683,212	0	22,483,494	353,921	1,428,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,917,686					10.00
11.00	01100	CAFETERIA	0	1,073,572				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	15,293		758,547		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0		0	305,544	14.00
15.00	01500	PHARMACY	0	0		0	920	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,457		0	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,766		0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	40,120		3,470	2	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	0	5,007		0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	636		0	3	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	920		0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,287,050	211,424	0	250,864	8,121	30.00
31.00	03100	INTENSIVE CARE UNIT	132,847	41,355	0	72,384	2,618	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,418	19,751	0	40,654	1,210	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	96,379	13,431	0	12,395	74	40.00
41.00	04100	SUBPROVIDER - I RF	50,732	5,693	0	6,941	147	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,173	51,731	0	61,477	16,938	50.00
51.00	05100	RECOVERY ROOM	769	9,366	0	19,336	502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	73,219	20,915	0	36,688	2,392	52.00
53.00	05300	ANESTHESIOLOGY	0	5,373	0	1,487	3,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,595	75,689	0	14,378	2,109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	154	8,649	0	1,487	12	55.00
56.00	05600	RADIOISOTOPE	1,257	7,798	0	0	119	56.00
57.00	05700	CT SCAN	804	8,741	0	0	1,213	57.00
58.00	05800	MRI	233	9,632	0	992	535	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,844	6,245	0	7,933	545	59.00
60.00	06000	LABORATORY	1,098	76,752	0	992	0	60.00
60.01	06001	VASCULAR LAB	0	3,605	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,453	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,530	0	10,411	906	64.00
65.00	06500	RESPIRATORY THERAPY	60	16,881	0	0	1,533	65.00
66.00	06600	PHYSICAL THERAPY	0	50,789	0	496	854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,879	0	0	8	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,587	0	0	10	68.00
69.00	06900	ELECTROCARDIOLOGY	1,180	12,756	0	7,933	280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,017	0	0	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,076	0	0	72,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,006	0	0	173,117	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	33,811	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,297	3,024	0	2,975	415	74.00
75.00	07500	ASC (NON-DISTINCT PART)	37,078	16,646	0	28,755	991	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	49	1,723	0	1,983	13	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	32,714	83,564	0	64,452	5,964	90.00
91.00	09100	EMERGENCY	58,255	51,314	0	62,964	5,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	89,481	13,414	0	16,361	510	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	21,518	0	21,319	373	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,287	0	7,933	162	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,917,686	1,022,624	0	757,060	305,543	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	30,169	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	20,779	0	1,487	1	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,917,686	1,073,572	0	758,547	305,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	656,755			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	611,597		16.00
17.00	01700	SOCIAL SERVICE	0	0	464,608	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13	46,538	244,219	30.00
31.00	03100	INTENSIVE CARE UNIT	10	11,144	37,707	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	56	7,548	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	3,154	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,377	16,909	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	1,475	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	178	51,098	0	50.00
51.00	05100	RECOVERY ROOM	26	10,521	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	7,581	0	52.00
53.00	05300	ANESTHESIOLOGY	8,044	8,185	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	613	37,838	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1	13,406	0	55.00
56.00	05600	RADIOISOTOPE	23	10,677	0	56.00
57.00	05700	CT SCAN	1,173	40,119	0	57.00
58.00	05800	MRI	1,003	26,213	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	219	11,262	0	59.00
60.00	06000	LABORATORY	77	60,194	0	60.00
60.01	06001	VASCULAR LAB	0	4,254	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	194	1,630	0	63.00
64.00	06400	INTRAVENOUS THERAPY	27	1,712	0	64.00
65.00	06500	RESPIRATORY THERAPY	43	7,683	0	65.00
66.00	06600	PHYSICAL THERAPY	40	12,511	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	24	2,206	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	916	0	68.00
69.00	06900	ELECTROCARDIOLOGY	27	21,657	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,596	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,503	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	31,347	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	433,869	65,520	0	73.00
74.00	07400	RENAL DIALYSIS	1,946	1,858	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4	2,996	659	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1	321	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,028	40,229	67,536	90.00
91.00	09100	EMERGENCY	164	40,066	2,217	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	2,673	21,627	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	2,969	2,753	14,734	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	2,713	1,836	59,000	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	454,487	611,597	464,608	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	72	0	0			191.00
193.01	19301	NON-ALLOWABLE COST	202,196	0	0			193.01
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	656,755	611,597	464,608	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	INTERNS & RESIDENTS					23.00	23.01	23.02
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA			
	21.00	22.00						
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
6.00 00600	MAINTENANCE & REPAIRS							6.00
7.00 00700	OPERATION OF PLANT							7.00
8.00 00800	LAUNDRY & LINEN SERVICE							8.00
9.00 00900	HOUSEKEEPING							9.00
10.00 01000	DIETARY							10.00
11.00 01100	CAFETERIA							11.00
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL							20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0						21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		3,114,609					22.00
23.00 02303	PARAMED PRGM-PHARMACY			84,654				23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH				36,683			23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA					5,525		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS							30.00
31.00 03100	INTENSIVE CARE UNIT							31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)							31.01
32.00 03200	CORONARY CARE UNIT							32.00
40.00 04000	SUBPROVIDER - IPF							40.00
41.00 04100	SUBPROVIDER - IRF							41.00
42.00 04200	SUBPROVIDER							42.00
43.00 04300	NURSERY							43.00
44.00 04400	SKILLED NURSING FACILITY							44.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM							50.00
51.00 05100	RECOVERY ROOM							51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM							52.00
53.00 05300	ANESTHESIOLOGY							53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC							54.00
55.00 05500	RADIOLOGY-THERAPEUTIC							55.00
56.00 05600	RADIOISOTOPE							56.00
57.00 05700	CT SCAN							57.00
58.00 05800	MRI							58.00
59.00 05900	CARDIAC CATHETERIZATION							59.00
60.00 06000	LABORATORY							60.00
60.01 06001	VASCULAR LAB							60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.							63.00
64.00 06400	INTRAVENOUS THERAPY							64.00
65.00 06500	RESPIRATORY THERAPY							65.00
66.00 06600	PHYSICAL THERAPY							66.00
67.00 06700	OCCUPATIONAL THERAPY							67.00
68.00 06800	SPEECH PATHOLOGY							68.00
69.00 06900	ELECTROCARDIOLOGY							69.00
70.00 07000	ELECTROENCEPHALOGRAPHY							70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT							71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS							72.00
73.00 07300	DRUGS CHARGED TO PATIENTS							73.00
74.00 07400	RENAL DIALYSIS							74.00
75.00 07500	ASC (NON-DISTINCT PART)							75.00
76.00 03950	BLANK							76.00
76.97 07697	CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC							90.00
91.00 09100	EMERGENCY							91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)							92.01
OTHER REIMBURSABLE COST CENTERS								
101.00 10100	HOME HEALTH AGENCY							101.00
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE							113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESIA			
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
			21.00	22.00	23.00					23.01	23.02
116.00	11600	HOSPICE							116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00		
NONREIMBURSABLE COST CENTERS											
191.00	19100	RESEARCH							191.00		
193.01	19301	NON-ALLOWABLE COST							193.01		
200.00		Cross Foot Adjustments	0	3,114,609	84,654	36,683	5,525	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	3,114,609	84,654	36,683	5,525	0	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02303	PARAMED ED PRGM-PHARMACY			23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH			23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	15,152,470	0	15,152,470
31.00	03100	INTENSIVE CARE UNIT	2,851,065	0	2,851,065
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	817,167	0	817,167
32.00	03200	CORONARY CARE UNIT	0	0	0
40.00	04000	SUBPROVIDER - IPF	939,545	0	939,545
41.00	04100	SUBPROVIDER - IRF	500,571	0	500,571
42.00	04200	SUBPROVIDER	0	0	0
43.00	04300	NURSERY	232,079	0	232,079
44.00	04400	SKILLED NURSING FACILITY	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	9,027,618	0	9,027,618
51.00	05100	RECOVERY ROOM	804,776	0	804,776
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,816,674	0	1,816,674
53.00	05300	ANESTHESIOLOGY	968,181	0	968,181
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,907,689	0	9,907,689
55.00	05500	RADIOLOGY-THERAPEUTIC	2,558,422	0	2,558,422
56.00	05600	RADIOISOTOPE	2,190,943	0	2,190,943
57.00	05700	CT SCAN	2,063,906	0	2,063,906
58.00	05800	MRI	4,574,715	0	4,574,715
59.00	05900	CARDIAC CATHETERIZATION	2,229,229	0	2,229,229
60.00	06000	LABORATORY	5,401,690	0	5,401,690
60.01	06001	VASCULAR LAB	525,601	0	525,601
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	195,936	0	195,936
64.00	06400	INTRAVENOUS THERAPY	164,115	0	164,115
65.00	06500	RESPIRATORY THERAPY	710,540	0	710,540
66.00	06600	PHYSICAL THERAPY	3,269,534	0	3,269,534
67.00	06700	OCCUPATIONAL THERAPY	287,574	0	287,574
68.00	06800	SPEECH PATHOLOGY	148,568	0	148,568
69.00	06900	ELECTROCARDIOLOGY	1,585,937	0	1,585,937
70.00	07000	ELECTROENCEPHALOGRAPHY	450,588	0	450,588
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,596,717	0	1,596,717
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,321,346	0	3,321,346
73.00	07300	DRUGS CHARGED TO PATIENTS	4,408,166	0	4,408,166
74.00	07400	RENAL DIALYSIS	549,239	0	549,239
75.00	07500	ASC (NON-DISTINCT PART)	1,689,285	0	1,689,285
76.00	03950	BLANK	0	0	0
76.97	07697	CARDIAC REHABILITATION	242,005	0	242,005
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	14,661,299	0	14,661,299
91.00	09100	EMERGENCY	3,314,368	0	3,314,368
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	827,522	0	827,522
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	871,553	0	871,553
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
116.00	11600	HOSPICE	506,759	0	506,759	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,363,392	0	101,363,392	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,640,820	0	2,640,820	191.00
193.01	19301	NON-ALLOWABLE COST	13,121,527	0	13,121,527	193.01
200.00		Cross Foot Adjustments	3,241,471	0	3,241,471	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	120,367,210	0	120,367,210	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,967,947					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		38,884,511				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,859	5,242	492,219,915			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,180,987	13,334,983	90,727,150	-197,781,421	1,065,167,438	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	961,776	192,477	430,040	0	67,947,606	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,657	0	0	0	3,753,566	8.00
9.00 00900	HOUSEKEEPING	24,940	103,720	0	0	13,982,536	9.00
10.00 01000	DIETARY	38,317	120,937	0	0	13,966,936	10.00
11.00 01100	CAFETERIA	30,073	10,440	0	0	1,129,567	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,020	184,482	6,232,534	0	8,881,561	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	3,854,042	0	8,489,587	14.00
15.00 01500	PHARMACY	0	0	13,649,190	0	18,017,459	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,944	3,373	4,287,957	0	7,000,377	16.00
17.00 01700	SOCIAL SERVICE	5,945	0	4,261,676	0	6,919,466	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	46,835	80,347	26,911,767	0	38,494,301	22.00
23.00 02303	PARAMED ED PRGM-PHARMACY	380	0	1,351,465	0	1,834,312	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	826	0	204,435	0	216,523	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	588,136	0	30,801	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	255,325	994,146	71,855,649	0	91,366,941	30.00
31.00 03100	INTENSIVE CARE UNIT	40,598	376,774	15,495,706	0	21,581,925	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,959	24,960	7,447,106	0	10,421,914	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	17,271	5,999	4,198,325	0	5,890,444	40.00
41.00 04100	SUBPROVIDER - IRF	8,496	36,038	1,683,293	0	2,527,261	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	2,622	0	3,501,234	0	3,862,832	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	96,610	4,175,634	18,771,443	0	38,590,859	50.00
51.00 05100	RECOVERY ROOM	13,202	92,675	4,001,935	0	5,850,819	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	35,451	159,019	4,405,267	0	8,388,970	52.00
53.00 05300	ANESTHESIOLOGY	4,235	573,521	2,244,782	0	6,470,903	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	121,084	4,223,249	24,169,865	0	40,435,680	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	20,479	1,562,979	4,186,681	0	7,998,378	55.00
56.00 05600	RADIOISOTOPE	20,500	1,201,501	3,164,638	0	7,796,973	56.00
57.00 05700	CT SCAN	11,068	1,388,576	3,324,006	0	7,398,726	57.00
58.00 05800	MRI	23,934	3,376,766	3,788,080	0	10,834,600	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,778	1,279,129	2,564,281	0	5,171,967	59.00
60.00 06000	LABORATORY	60,079	1,368,307	23,235,407	0	51,904,629	60.00
60.01 06001	VASCULAR LAB	3,700	302,819	1,478,883	0	2,464,982	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,750	16,692	1,114,797	0	2,201,729	63.00
64.00 06400	INTRAVENOUS THERAPY	786	16,298	1,901,689	0	2,855,601	64.00
65.00 06500	RESPIRATORY THERAPY	6,099	163,621	5,208,780	0	8,722,122	65.00
66.00 06600	PHYSICAL THERAPY	64,851	68,669	17,041,732	0	25,488,177	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,217	7,136	2,520,584	0	3,409,335	67.00
68.00 06800	SPEECH PATHOLOGY	2,764	3,048	952,210	0	1,320,423	68.00
69.00 06900	ELECTROCARDIOLOGY	26,132	410,396	4,146,807	0	6,586,520	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,953	188,462	1,401,172	0	2,411,413	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,941	130,195	0	0	26,137,109	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,841	209,671	0	0	61,718,784	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,610	29,123	0	0	92,743,164	73.00
74.00 07400	RENAL DIALYSIS	10,446	22,688	993,848	0	4,270,472	74.00
75.00 07500	ASC (NON-DISTINCT PART)	36,054	24,058	6,050,810	0	9,262,319	75.00
76.00 03950	BLANK	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,400	21,573	582,145	0	835,567	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	259,868	1,218,481	58,446,220	0	119,107,386	90.00
91.00 09100	EMERGENCY	54,535	343,791	17,677,964	0	24,147,074	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	14,514	0	3,525,353	0	5,224,089	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	9,105	11,748	7,866,459	0	13,451,189	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,056	2,954	3,338,986	0	7,954,019
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,668,952	38,066,697	484,784,529	-197,781,421	937,469,893
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	27,725	574,037	0	0	31,137,780
193.01	19301	NON-ALLOWABLE COST	271,270	243,777	7,435,386	0	96,559,765
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)	82,056,736	38,310,474	24,394,143		197,781,421
203.00		Unit cost multiplier (Wkst. B, Part I)	20.679897	0.985237	0.049559		0.185681
204.00		Cost to be allocated (per Wkst. B, Part II)			664,006		37,683,212
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001349		0.035378

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		1,793,325				7.00
8.00	00800		6,657	121,221			8.00
9.00	00900	0	24,940	1,035	1,761,728		9.00
10.00	01000	0	38,317	192	38,317	698,697	10.00
11.00	01100	0	30,073	0	30,073	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	7,020	0	7,020	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	9,944	0	9,944	0	16.00
17.00	01700	0	5,945	0	5,945	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	46,835	0	46,835	0	22.00
23.00	02303	0	380	0	380	0	23.00
23.01	02301	0	826	0	826	0	23.01
23.02	02302	0	80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	255,325	36,740	255,325	468,928	30.00
31.00	03100	0	40,598	5,443	40,598	48,402	31.00
31.01	03101	0	9,959	1,131	9,959	881	31.01
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	17,271	2,209	17,271	35,115	40.00
41.00	04100	0	8,496	851	8,496	18,484	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,622	0	2,622	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	96,610	6,508	96,610	12,815	50.00
51.00	05100	0	13,202	3,878	13,202	280	51.00
52.00	05200	0	35,451	3,477	35,451	26,677	52.00
53.00	05300	0	4,235	0	4,235	0	53.00
54.00	05400	0	121,084	7,941	121,084	3,496	54.00
55.00	05500	0	20,479	3,197	20,479	56	55.00
56.00	05600	0	20,500	3,296	20,500	458	56.00
57.00	05700	0	11,068	316	11,068	293	57.00
58.00	05800	0	23,934	2,175	23,934	85	58.00
59.00	05900	0	21,778	3,576	21,778	1,765	59.00
60.00	06000	0	60,079	848	60,079	400	60.00
60.01	06001	0	3,700	1,469	3,700	0	60.01
63.00	06300	0	2,750	424	2,750	0	63.00
64.00	06400	0	786	47	786	0	64.00
65.00	06500	0	6,099	0	6,099	22	65.00
66.00	06600	0	64,851	1,963	64,851	0	66.00
67.00	06700	0	4,217	1,341	4,217	0	67.00
68.00	06800	0	2,764	0	2,764	0	68.00
69.00	06900	0	26,132	3,403	26,132	430	69.00
70.00	07000	0	4,953	1,208	4,953	0	70.00
71.00	07100	0	12,941	986	12,941	0	71.00
72.00	07200	0	20,841	1,588	20,841	0	72.00
73.00	07300	0	16,610	0	16,610	0	73.00
74.00	07400	0	10,446	2,224	10,446	837	74.00
75.00	07500	0	36,054	5,399	36,054	13,509	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	5,400	878	5,400	18	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	259,868	10,341	259,868	11,919	90.00
91.00	09100	0	54,535	7,137	54,535	21,225	91.00
92.00	09200	0					92.00
92.01	09202	0	14,514	0	14,514	32,602	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	9,105	0	9,105	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0					113.00
116.00	11600	0	4,056	0	4,056	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,494,330	121,221	1,462,733	698,697	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	27,725	0	27,725	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	271,270	0	271,270	0	193.01
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)	0	80,564,185	4,749,594	17,739,796	18,675,060	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	44.924475	39.181280	10.069543	26.728410	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	22,483,494	353,921	1,428,323	1,917,686	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	12.537323	2.919634	0.810751	2.744660	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	10,362,532					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	147,613	0	1,530			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	107,809,418		14.00
15.00	01500	PHARMACY	0	0	0	324,703	139,823,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	158,851	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	113,572	0	0	107	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	387,256	0	7	852	0	22.00
23.00	02303	PARAMED ED PRGM-PHARMACY	48,331	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	6,137	0	0	1,233	5	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	8,883	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,040,711	0	506	2,865,476	2,692	30.00
31.00	03100	INTENSIVE CARE UNIT	399,171	0	146	923,755	2,035	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	190,646	0	82	426,798	11,965	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	129,644	0	25	26,175	6	40.00
41.00	04100	SUBPROVIDER - IRF	54,947	0	14	51,857	1	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	499,332	0	124	5,976,545	37,941	50.00
51.00	05100	RECOVERY ROOM	90,403	0	39	176,993	5,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	201,885	0	74	843,882	490	52.00
53.00	05300	ANESTHESIOLOGY	51,864	0	3	1,401,921	1,712,577	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	730,580	0	29	744,345	130,517	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	83,480	0	3	4,141	253	55.00
56.00	05600	RADIOISOTOPE	75,266	0	0	42,016	4,835	56.00
57.00	05700	CT SCAN	84,375	0	0	428,007	249,647	57.00
58.00	05800	MRI	92,971	0	2	188,712	213,530	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,283	0	16	192,192	46,527	59.00
60.00	06000	LABORATORY	740,847	0	2	0	16,394	60.00
60.01	06001	VASCULAR LAB	34,799	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,331	0	0	0	41,260	63.00
64.00	06400	INTRAVENOUS THERAPY	43,725	0	21	319,691	5,826	64.00
65.00	06500	RESPIRATORY THERAPY	162,947	0	0	541,090	9,248	65.00
66.00	06600	PHYSICAL THERAPY	490,240	0	1	301,487	8,425	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,395	0	0	2,756	5,106	67.00
68.00	06800	SPEECH PATHOLOGY	24,970	0	0	3,443	0	68.00
69.00	06900	ELECTROCARDIOLOGY	123,123	0	16	98,831	5,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,772	0	0	9,175	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,954	0	0	25,741,217	42	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	125,540	0	0	61,081,218	68	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	326,354	0	0	0	92,370,978	73.00
74.00	07400	RENAL DIALYSIS	29,192	0	6	146,343	414,247	74.00
75.00	07500	ASC (NON-DISTINCT PART)	160,671	0	58	349,788	778	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,633	0	4	4,687	109	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	806,598	0	130	2,104,540	218,829	90.00
91.00	09100	EMERGENCY	495,302	0	127	2,115,962	34,843	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	129,478	0	33	180,064	3	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	207,705	0	43	131,774	632,115	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
116.00	11600	HOSPICE	79,989	0	16	57,151	577,504	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,870,766	0	1,527	107,808,927	96,760,260	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	291,200	0	0	0	15,383	191.00
193.01	19301	NON-ALLOWABLE COST	200,566	0	3	491	43,047,945	193.01
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)	2,993,141	0	10,959,393	10,065,942	21,393,276	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.288843	0.000000	7,163.001961	0.093368	0.153002	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,073,572	0	758,547	305,544	656,755	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.103601	0.000000	495.782353	0.002834	0.004697	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,020,833,333					16.00
17.00 01700 SOCIAL SERVICE	0	65,588				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02303 PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01 02301 PARAMED ED PRGM-MEDICAL TECH	0	0				23.01
23.02 02302 PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	306,170,164	34,476		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	73,317,199	5,323		0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	49,659,541	0		0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0		0	0	32.00
40.00 04000 SUBPROVIDER - IPF	20,752,620	0		0	0	40.00
41.00 04100 SUBPROVIDER - IRF	9,062,258	2,387		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	9,706,840	0		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	336,172,014	0		0	0	50.00
51.00 05100 RECOVERY ROOM	69,217,442	0		0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	49,872,877	0		0	0	52.00
53.00 05300 ANESTHESIOLOGY	53,846,084	0		0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	248,932,051	0		0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	88,198,604	0		0	0	55.00
56.00 05600 RADIOISOTOPE	70,242,583	0		0	0	56.00
57.00 05700 CT SCAN	263,939,128	0		0	0	57.00
58.00 05800 MRI	172,452,263	0		0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	74,089,160	0		0	0	59.00
60.00 06000 LABORATORY	396,012,140	0		0	0	60.00
60.01 06001 VASCULAR LAB	27,989,059	0		0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	10,724,617	0		0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	11,266,360	0		0	0	64.00
65.00 06500 RESPIRATORY THERAPY	50,544,964	0		0	0	65.00
66.00 06600 PHYSICAL THERAPY	82,306,706	0		0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	14,510,190	0		0	0	67.00
68.00 06800 SPEECH PATHOLOGY	6,026,214	0		0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	142,478,612	0		0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,499,276	0		0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	128,309,685	0		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	206,232,421	0		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	428,209,417	0		0	0	73.00
74.00 07400 RENAL DIALYSIS	12,226,753	0		0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	19,712,893	93		0	0	75.00
76.00 03950 BLANK	0	0		0	0	76.00
76.97 07697 CARDIAC REHABILITATION	2,114,623	0		0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	264,665,871	9,534		0	0	90.00
91.00 09100 EMERGENCY	263,593,531	313		0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	17,587,359	3,053		0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	18,114,707	2,080		0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	12,077,107	8,329	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,020,833,333	65,588	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
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)	8,892,958	8,564,032	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002212	130.573154	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	611,597	464,608	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000152	7.083735	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	19,440				22.00
23.00 02303 PARAMED PRGM-PHARMACY		100			23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH			100		23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESIA				100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	10,999	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	92	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	415	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	100	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	2,862	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,249	0	0	100	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	679	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	103	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	1,179	0	100	0	60.00
60.01 06001 VASCULAR LAB	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	156	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	219	0	0	0	90.00
91.00 09100 EMERGENCY	1,387	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet B-1

Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,440	100	100	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	193.01
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)	48,379,683	2,209,766	304,041	43,486
203.00		Unit cost multiplier (Wkst. B, Part I)	2,488.666821	22,097.660000	3,040.410000	434.860000
204.00		Cost to be allocated (per Wkst. B, Part II)	3,114,609	84,654	36,683	5,525
205.00		Unit cost multiplier (Wkst. B, Part II)	160.216512	846.540000	366.830000	55.250000

Provider CCN: 140010

Period:
 From 10/01/2014
 To 09/30/2015

Worksheet B-2
 Date/Time Prepared:
 2/22/2016 2:57 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-369,551	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		146,007,379	166,771	146,174,150	30.00
31.00	03100	INTENSIVE CARE UNIT		31,433,773	0	31,433,773	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		13,766,573	0	13,766,573	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF		9,223,981	42,558	9,266,539	40.00
41.00	04100	SUBPROVIDER - IRF		4,443,864	0	4,443,864	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		4,745,753	0	4,745,753	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		54,006,814	0	54,006,814	50.00
51.00	05100	RECOVERY ROOM		8,298,629	0	8,298,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		13,523,063	0	13,523,063	52.00
53.00	05300	ANESTHESIOLOGY		8,497,314	0	8,497,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		56,066,150	572,819	56,638,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		10,977,630	135,314	11,112,944	55.00
56.00	05600	RADIOISOTOPE		10,695,264	133,983	10,829,247	56.00
57.00	05700	CT SCAN		10,087,777	0	10,087,777	57.00
58.00	05800	MRI		14,723,031	0	14,723,031	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,838,220	0	7,838,220	59.00
60.00	06000	LABORATORY		66,301,077	960,230	67,261,307	60.00
60.01	06001	VASCULAR LAB		3,255,680	2,651	3,258,331	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,818,057	0	2,818,057	63.00
64.00	06400	INTRAVENOUS THERAPY		3,649,614	0	3,649,614	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,888,456	0	10,888,456	65.00
66.00	06600	PHYSICAL THERAPY	0	34,224,442	26,878	34,251,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,379,149	0	4,379,149	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,738,466	0	1,738,466	68.00
69.00	06900	ELECTROCARDIOLOGY		9,866,896	13,930	9,880,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		3,214,164	0	3,214,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		34,450,334	0	34,450,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		80,582,619	0	80,582,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		128,260,293	0	128,260,293	73.00
74.00	07400	RENAL DIALYSIS		5,533,346	0	5,533,346	74.00
75.00	07500	ASC (NON-DISTINCT PART)		14,087,913	0	14,087,913	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,361,155	0	1,361,155	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		159,462,840	26,769	159,489,609	90.00
91.00	09100	EMERGENCY		34,356,372	0	34,356,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		20,283,610	0	20,283,610	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		8,591,819	0	8,591,819	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		17,238,222	0	17,238,222	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE		10,999,651	0	10,999,651	116.00
200.00		Subtotal (see instructions)	0	1,059,879,390	2,081,903	1,061,961,293	200.00
201.00		Less Observation Beds		20,283,610	0	20,283,610	201.00
202.00		Total (see instructions)	0	1,039,595,780	2,081,903	1,041,677,683	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	251,689,114		251,689,114		30.00
31.00	03100	INTENSIVE CARE UNIT	73,317,199		73,317,199		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,659,541		49,659,541		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I PF	20,752,620		20,752,620		40.00
41.00	04100	SUBPROVIDER - I RF	9,062,258		9,062,258		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	9,706,840		9,706,840		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	155,028,215	181,143,799	336,172,014	0.160652	50.00
51.00	05100	RECOVERY ROOM	29,427,174	39,790,268	69,217,442	0.119892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,323,244	2,549,633	49,872,877	0.271151	52.00
53.00	05300	ANESTHESIOLOGY	24,129,951	29,716,133	53,846,084	0.157807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,619,550	203,312,501	248,932,051	0.225227	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,086,686	85,111,918	88,198,604	0.124465	55.00
56.00	05600	RADIOISOTOPE	5,519,500	64,723,083	70,242,583	0.152262	56.00
57.00	05700	CT SCAN	63,906,885	200,032,243	263,939,128	0.038220	57.00
58.00	05800	MRI	19,935,614	152,516,649	172,452,263	0.085375	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,424,166	36,664,994	74,089,160	0.105794	59.00
60.00	06000	LABORATORY	151,283,353	244,728,787	396,012,140	0.167422	60.00
60.01	06001	VASCULAR LAB	8,646,329	19,342,730	27,989,059	0.116320	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,632,120	3,092,497	10,724,617	0.262765	63.00
64.00	06400	INTRAVENOUS THERAPY	10,900,158	366,202	11,266,360	0.323939	64.00
65.00	06500	RESPIRATORY THERAPY	45,452,920	5,092,044	50,544,964	0.215421	65.00
66.00	06600	PHYSICAL THERAPY	19,438,762	62,867,944	82,306,706	0.415816	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,935,686	2,574,504	14,510,190	0.301798	67.00
68.00	06800	SPEECH PATHOLOGY	5,202,364	823,850	6,026,214	0.288484	68.00
69.00	06900	ELECTROCARDIOLOGY	38,345,858	104,132,754	142,478,612	0.069252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,177,011	4,322,265	10,499,276	0.306132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,565,688	61,743,997	128,309,685	0.268494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,656,742	64,575,679	206,232,421	0.390737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,484,715	312,724,702	428,209,417	0.299527	73.00
74.00	07400	RENAL DIALYSIS	5,094,136	7,132,617	12,226,753	0.452561	74.00
75.00	07500	ASC (NON-DISTINCT PART)	160,077	19,552,816	19,712,893	0.714655	75.00
76.00	03950	BLANK	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,406	2,112,217	2,114,623	0.643687	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,993,440	255,672,431	264,665,871	0.602506	90.00
91.00	09100	EMERGENCY	81,578,129	182,015,402	263,593,531	0.130338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,426,800	41,054,250	54,481,050	0.372306	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,134,377	14,452,982	17,587,359	0.488522	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	18,114,707	18,114,707		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	12,077,107	12,077,107		116.00
200.00		Subtotal (see instructions)	1,586,699,628	2,434,133,705	4,020,833,333		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,586,699,628	2,434,133,705	4,020,833,333		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/22/2016 2:57 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.160652	50.00
51.00	05100	RECOVERY ROOM	0.119892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.271151	52.00
53.00	05300	ANESTHESIOLOGY	0.157807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.227528	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125999	55.00
56.00	05600	RADIOISOTOPE	0.154169	56.00
57.00	05700	CT SCAN	0.038220	57.00
58.00	05800	MRI	0.085375	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105794	59.00
60.00	06000	LABORATORY	0.169847	60.00
60.01	06001	VASCULAR LAB	0.116414	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.262765	63.00
64.00	06400	INTRAVENOUS THERAPY	0.323939	64.00
65.00	06500	RESPIRATORY THERAPY	0.215421	65.00
66.00	06600	PHYSICAL THERAPY	0.416143	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301798	67.00
68.00	06800	SPEECH PATHOLOGY	0.288484	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.306132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.390737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299527	73.00
74.00	07400	RENAL DIALYSIS	0.452561	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.714655	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.643687	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.602607	90.00
91.00	09100	EMERGENCY	0.130338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.488522	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet C
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		146,007,379	166,771	146,174,150	30.00
31.00	03100	INTENSIVE CARE UNIT		31,433,773	0	31,433,773	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		13,766,573	0	13,766,573	31.01
32.00	03200	CORONARY CARE UNIT		0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF		9,223,981	42,558	9,266,539	40.00
41.00	04100	SUBPROVIDER - IRF		4,443,864	0	4,443,864	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		4,745,753	0	4,745,753	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		54,006,814	0	54,006,814	50.00
51.00	05100	RECOVERY ROOM		8,298,629	0	8,298,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		13,523,063	0	13,523,063	52.00
53.00	05300	ANESTHESIOLOGY		8,497,314	0	8,497,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		56,066,150	572,819	56,638,969	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		10,977,630	135,314	11,112,944	55.00
56.00	05600	RADIOISOTOPE		10,695,264	133,983	10,829,247	56.00
57.00	05700	CT SCAN		10,087,777	0	10,087,777	57.00
58.00	05800	MRI		14,723,031	0	14,723,031	58.00
59.00	05900	CARDIAC CATHETERIZATION		7,838,220	0	7,838,220	59.00
60.00	06000	LABORATORY		66,301,077	960,230	67,261,307	60.00
60.01	06001	VASCULAR LAB		3,255,680	2,651	3,258,331	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		2,818,057	0	2,818,057	63.00
64.00	06400	INTRAVENOUS THERAPY		3,649,614	0	3,649,614	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,888,456	0	10,888,456	65.00
66.00	06600	PHYSICAL THERAPY	0	34,224,442	26,878	34,251,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,379,149	0	4,379,149	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,738,466	0	1,738,466	68.00
69.00	06900	ELECTROCARDIOLOGY		9,866,896	13,930	9,880,826	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		3,214,164	0	3,214,164	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		34,450,334	0	34,450,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		80,582,619	0	80,582,619	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		128,260,293	0	128,260,293	73.00
74.00	07400	RENAL DIALYSIS		5,533,346	0	5,533,346	74.00
75.00	07500	ASC (NON-DISTINCT PART)		14,087,913	0	14,087,913	75.00
76.00	03950	BLANK		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		1,361,155	0	1,361,155	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		159,462,840	26,769	159,489,609	90.00
91.00	09100	EMERGENCY		34,356,372	0	34,356,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		20,283,610	0	20,283,610	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)		8,591,819	0	8,591,819	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		17,238,222	0	17,238,222	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE		10,999,651	0	10,999,651	116.00
200.00		Subtotal (see instructions)	0	1,059,879,390	2,081,903	1,061,961,293	200.00
201.00		Less Observation Beds		20,283,610	0	20,283,610	201.00
202.00		Total (see instructions)	0	1,039,595,780	2,081,903	1,041,677,683	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet C Part I Date/Time Prepared: 2/22/2016 2:57 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	251,689,114		251,689,114			30.00
31.00	03100	INTENSIVE CARE UNIT	73,317,199		73,317,199			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,659,541		49,659,541			31.01
32.00	03200	CORONARY CARE UNIT	0		0			32.00
40.00	04000	SUBPROVIDER - I/PF	20,752,620		20,752,620			40.00
41.00	04100	SUBPROVIDER - I/RF	9,062,258		9,062,258			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	9,706,840		9,706,840			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	155,028,215	181,143,799	336,172,014	0.160652	0.000000	50.00
51.00	05100	RECOVERY ROOM	29,427,174	39,790,268	69,217,442	0.119892	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,323,244	2,549,633	49,872,877	0.271151	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	24,129,951	29,716,133	53,846,084	0.157807	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,619,550	203,312,501	248,932,051	0.225227	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,086,686	85,111,918	88,198,604	0.124465	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,519,500	64,723,083	70,242,583	0.152262	0.000000	56.00
57.00	05700	CT SCAN	63,906,885	200,032,243	263,939,128	0.038220	0.000000	57.00
58.00	05800	MRI	19,935,614	152,516,649	172,452,263	0.085375	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,424,166	36,664,994	74,089,160	0.105794	0.000000	59.00
60.00	06000	LABORATORY	151,283,353	244,728,787	396,012,140	0.167422	0.000000	60.00
60.01	06001	VASCULAR LAB	8,646,329	19,342,730	27,989,059	0.116320	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,632,120	3,092,497	10,724,617	0.262765	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	10,900,158	366,202	11,266,360	0.323939	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	45,452,920	5,092,044	50,544,964	0.215421	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,438,762	62,867,944	82,306,706	0.415816	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,935,686	2,574,504	14,510,190	0.301798	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	5,202,364	823,850	6,026,214	0.288484	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	38,345,858	104,132,754	142,478,612	0.069252	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,177,011	4,322,265	10,499,276	0.306132	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,565,688	61,743,997	128,309,685	0.268494	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	141,656,742	64,575,679	206,232,421	0.390737	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,484,715	312,724,702	428,209,417	0.299527	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,094,136	7,132,617	12,226,753	0.452561	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	160,077	19,552,816	19,712,893	0.114655	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,406	2,112,217	2,114,623	0.643687	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,993,440	255,672,431	264,665,871	0.602506	0.000000	90.00
91.00	09100	EMERGENCY	81,578,129	182,015,402	263,593,531	0.130338	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,426,800	41,054,250	54,481,050	0.372306	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,134,377	14,452,982	17,587,359	0.488522	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	18,114,707	18,114,707			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	12,077,107	12,077,107			116.00
200.00		Subtotal (see instructions)	1,586,699,628	2,434,133,705	4,020,833,333			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,586,699,628	2,434,133,705	4,020,833,333			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/22/2016 2:57 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 VASCULAR LAB	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 BLANK	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part I Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,152,470	0	15,152,470	145,788	103.93	30.00
31.00	INTENSIVE CARE UNIT	2,851,065		2,851,065	17,023	167.48	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	817,167		817,167	11,938	68.45	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	939,545	0	939,545	9,803	95.84	40.00
41.00	SUBPROVIDER - IRF	500,571	0	500,571	5,508	90.88	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	232,079		232,079	10,835	21.42	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	20,492,897		20,492,897	200,895		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	61,892	6,432,436	30.00
31.00	INTENSIVE CARE UNIT	8,857	1,483,370	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	1,780	170,595	40.00
41.00	SUBPROVIDER - IRF	2,631	239,105	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	75,160	8,325,506	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description		Capital	Total Charges	Ratio of Cost	Hospital	Capital Costs		
		Related Cost (from Wkst. B, Part II, col. 26)	(from Wkst. C, Part I, col. 8)	to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	(column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,027,618	336,172,014	0.026854	68,308,618	1,834,360	50.00
51.00	05100	RECOVERY ROOM	804,776	69,217,442	0.011627	13,225,224	153,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,816,674	49,872,877	0.036426	73,576	2,680	52.00
53.00	05300	ANESTHESIOLOGY	968,181	53,846,084	0.017981	8,826,015	158,701	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,907,689	248,932,051	0.039801	24,091,649	958,872	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,558,422	88,198,604	0.029008	1,359,296	39,430	55.00
56.00	05600	RADIOISOTOPE	2,190,943	70,242,583	0.031191	3,021,259	94,236	56.00
57.00	05700	CT SCAN	2,063,906	263,939,128	0.007820	33,314,683	260,521	57.00
58.00	05800	MRI	4,574,715	172,452,263	0.026527	9,388,452	249,047	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,229,229	74,089,160	0.030088	19,923,924	599,471	59.00
60.00	06000	LABORATORY	5,401,690	396,012,140	0.013640	79,235,872	1,080,777	60.00
60.01	06001	VASCULAR LAB	525,601	27,989,059	0.018779	4,880,820	91,657	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	195,936	10,724,617	0.018270	2,780,621	50,802	63.00
64.00	06400	INTRAVENOUS THERAPY	164,115	11,266,360	0.014567	5,798,292	84,464	64.00
65.00	06500	RESPIRATORY THERAPY	710,540	50,544,964	0.014058	21,233,359	298,499	65.00
66.00	06600	PHYSICAL THERAPY	3,269,534	82,306,706	0.039724	10,019,105	397,999	66.00
67.00	06700	OCCUPATIONAL THERAPY	287,574	14,510,190	0.019819	5,239,232	103,836	67.00
68.00	06800	SPEECH PATHOLOGY	148,568	6,026,214	0.024654	2,385,265	58,806	68.00
69.00	06900	ELECTROCARDIOLOGY	1,585,937	142,478,612	0.011131	22,569,402	251,220	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	450,588	10,499,276	0.042916	2,449,490	105,122	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,596,717	128,309,685	0.012444	30,930,259	384,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,321,346	206,232,421	0.016105	69,681,891	1,122,227	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,408,166	428,209,417	0.010294	57,033,459	587,102	73.00
74.00	07400	RENAL DIALYSIS	549,239	12,226,753	0.044921	3,241,932	145,631	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,689,285	19,712,893	0.085694	100,523	8,614	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	242,005	2,114,623	0.114444	1,152	132	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,661,299	264,665,871	0.055396	4,858,011	269,114	90.00
91.00	09100	EMERGENCY	3,314,368	263,593,531	0.012574	44,134,590	554,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,102,599	54,481,050	0.038593	6,100,547	235,438	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	827,522	17,587,359	0.047052	1,973,606	92,862	92.01
200.00		Total (lines 50-199)	81,594,782	3,576,453,947		556,180,124	10,275,234	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part III Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	145,788	0.00	61,892	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,023	0.00	8,857	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	11,938	0.00	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	9,803	0.00	1,780	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,508	0.00	2,631	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	10,835	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	200,895		75,160	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	43,486	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	304,041	0	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,209,766	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,557,293	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	336,172,014	0.000000	0.000000	68,308,618	50.00
51.00	05100	RECOVERY ROOM	0	69,217,442	0.000000	0.000000	13,225,224	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,872,877	0.000000	0.000000	73,576	52.00
53.00	05300	ANESTHESIOLOGY	43,486	53,846,084	0.000808	0.000808	8,826,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	248,932,051	0.000000	0.000000	24,091,649	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	88,198,604	0.000000	0.000000	1,359,296	55.00
56.00	05600	RADIOISOTOPE	0	70,242,583	0.000000	0.000000	3,021,259	56.00
57.00	05700	CT SCAN	0	263,939,128	0.000000	0.000000	33,314,683	57.00
58.00	05800	MRI	0	172,452,263	0.000000	0.000000	9,388,452	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	74,089,160	0.000000	0.000000	19,923,924	59.00
60.00	06000	LABORATORY	304,041	396,012,140	0.000768	0.000768	79,235,872	60.00
60.01	06001	VASCULAR LAB	0	27,989,059	0.000000	0.000000	4,880,820	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,724,617	0.000000	0.000000	2,780,621	63.00
64.00	06400	INTRAVENOUS THERAPY	0	11,266,360	0.000000	0.000000	5,798,292	64.00
65.00	06500	RESPIRATORY THERAPY	0	50,544,964	0.000000	0.000000	21,233,359	65.00
66.00	06600	PHYSICAL THERAPY	0	82,306,706	0.000000	0.000000	10,019,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,510,190	0.000000	0.000000	5,239,232	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,026,214	0.000000	0.000000	2,385,265	68.00
69.00	06900	ELECTROCARDIOLOGY	0	142,478,612	0.000000	0.000000	22,569,402	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,499,276	0.000000	0.000000	2,449,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,309,685	0.000000	0.000000	30,930,259	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	206,232,421	0.000000	0.000000	69,681,891	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,209,766	428,209,417	0.005160	0.005160	57,033,459	73.00
74.00	07400	RENAL DIALYSIS	0	12,226,753	0.000000	0.000000	3,241,932	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	19,712,893	0.000000	0.000000	100,523	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,114,623	0.000000	0.000000	1,152	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	264,665,871	0.000000	0.000000	4,858,011	90.00
91.00	09100	EMERGENCY	0	263,593,531	0.000000	0.000000	44,134,590	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	0.000000	6,100,547	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	17,587,359	0.000000	0.000000	1,973,606	92.01
200.00		Total (lines 50-199)	2,557,293	3,576,453,947			556,180,124	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet D
Part IV
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	46,620,282	0		50.00
51.00	05100 RECOVERY ROOM	0	8,837,357	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,243	0		52.00
53.00	05300 ANESTHESIOLOGY	7,131	7,799,968	6,302		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	51,905,445	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	35,053,425	0		55.00
56.00	05600 RADIOISOTOPE	0	31,140,223	0		56.00
57.00	05700 CT SCAN	0	82,813,755	0		57.00
58.00	05800 MRI	0	45,089,922	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,348,166	0		59.00
60.00	06000 LABORATORY	60,853	80,112,086	61,526		60.00
60.01	06001 VASCULAR LAB	0	9,171,791	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,008,428	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	175,904	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,419,102	0		65.00
66.00	06600 PHYSICAL THERAPY	0	1,257,653	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	57,487	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	1,954	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	49,800,005	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,020,233	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	20,682,603	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,986,241	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	294,293	114,929,692	593,037		73.00
74.00	07400 RENAL DIALYSIS	0	2,167,070	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	5,872,741	0		75.00
76.00	03950 BLANK	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	1,224,276	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	130,954,252	0		90.00
91.00	09100 EMERGENCY	0	49,527,076	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,789,353	0		92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	6,549,328	0		92.01
200.00	Total (Lines 50-199)	362,277	852,317,061	660,865		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.160652	46,620,282	0	0	7,489,642	50.00
51.00	05100 RECOVERY ROOM	0.119892	8,837,357	0	0	1,059,528	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.271151	1,243	0	0	337	52.00
53.00	05300 ANESTHESIOLOGY	0.157807	7,799,968	0	0	1,230,890	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225227	51,905,445	0	0	11,690,508	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.124465	35,053,425	0	0	4,362,925	55.00
56.00	05600 RADIOISOTOPE	0.152262	31,140,223	0	0	4,741,473	56.00
57.00	05700 CT SCAN	0.038220	82,813,755	0	0	3,165,142	57.00
58.00	05800 MRI	0.085375	45,089,922	0	0	3,849,552	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105794	21,348,166	0	0	2,258,508	59.00
60.00	06000 LABORATORY	0.167422	80,112,086	66,716	0	13,412,526	60.00
60.01	06001 VASCULAR LAB	0.116320	9,171,791	0	0	1,066,863	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.262765	1,008,428	0	0	264,980	63.00
64.00	06400 INTRAVENOUS THERAPY	0.323939	175,904	0	0	56,982	64.00
65.00	06500 RESPIRATORY THERAPY	0.215421	2,419,102	0	0	521,125	65.00
66.00	06600 PHYSICAL THERAPY	0.415816	1,257,653	0	0	522,952	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301798	57,487	0	0	17,349	67.00
68.00	06800 SPEECH PATHOLOGY	0.288484	1,954	0	0	564	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069252	49,800,005	0	0	3,448,750	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.306132	2,020,233	0	0	618,458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	20,682,603	0	0	5,553,155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.390737	30,986,241	0	0	12,107,471	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299527	114,929,692	8,095	4,417,641	34,424,546	73.00
74.00	07400 RENAL DIALYSIS	0.452561	2,167,070	335,290	0	980,731	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.714655	5,872,741	0	0	4,196,984	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.643687	1,224,276	0	0	788,051	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.602506	130,954,252	278	0	78,900,723	90.00
91.00	09100 EMERGENCY	0.130338	49,527,076	0	0	6,455,260	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	12,789,353	0	0	4,761,553	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.488522	6,549,328	0	0	3,199,491	92.01
200.00	Subtotal (see instructions)		852,317,061	410,379	4,417,641	211,147,019	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		852,317,061	410,379	4,417,641	211,147,019	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	11,170	0		60.00
60.01 06001 VASCULAR LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,425	1,323,203		73.00
74.00 07400 RENAL DIALYSIS	151,739	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 BLANK	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	167	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00	Subtotal (see instructions)	165,501	1,323,203	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	165,501	1,323,203	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/22/2016 2:57 pm
		Component CCN: 14S010	Title XVIIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,027,618	336,172,014	0.026854	0	0	50.00
51.00	05100 RECOVERY ROOM	804,776	69,217,442	0.011627	3,507	41	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,816,674	49,872,877	0.036426	0	0	52.00
53.00	05300 ANESTHESIOLOGY	968,181	53,846,084	0.017981	89,784	1,614	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,907,689	248,932,051	0.039801	15,580	620	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,558,422	88,198,604	0.029008	0	0	55.00
56.00	05600 RADIOISOTOPE	2,190,943	70,242,583	0.031191	2,069	65	56.00
57.00	05700 CT SCAN	2,063,906	263,939,128	0.007820	68,847	538	57.00
58.00	05800 MRI	4,574,715	172,452,263	0.026527	42,446	1,126	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,229,229	74,089,160	0.030088	0	0	59.00
60.00	06000 LABORATORY	5,401,690	396,012,140	0.013640	461,864	6,300	60.00
60.01	06001 VASCULAR LAB	525,601	27,989,059	0.018779	4,121	77	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	195,936	10,724,617	0.018270	575	11	63.00
64.00	06400 INTRAVENOUS THERAPY	164,115	11,266,360	0.014567	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	710,540	50,544,964	0.014058	19,557	275	65.00
66.00	06600 PHYSICAL THERAPY	3,269,534	82,306,706	0.039724	15,940	633	66.00
67.00	06700 OCCUPATIONAL THERAPY	287,574	14,510,190	0.019819	1,797	36	67.00
68.00	06800 SPEECH PATHOLOGY	148,568	6,026,214	0.024654	1,084	27	68.00
69.00	06900 ELECTROCARDIOLOGY	1,585,937	142,478,612	0.011131	40,059	446	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	450,588	10,499,276	0.042916	4,310	185	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,596,717	128,309,685	0.012444	4,684	58	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,321,346	206,232,421	0.016105	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,408,166	428,209,417	0.010294	484,621	4,989	73.00
74.00	07400 RENAL DIALYSIS	549,239	12,226,753	0.044921	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,689,285	19,712,893	0.085694	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	242,005	2,114,623	0.114444	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,661,299	264,665,871	0.055396	101,327	5,613	90.00
91.00	09100 EMERGENCY	3,314,368	263,593,531	0.012574	584,531	7,350	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	3,884	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	827,522	17,587,359	0.047052	0	0	92.01
200.00	Total (Lines 50-199)	79,492,183	3,576,453,947		1,950,587	30,004	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	43,486	0	43,486	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	304,041	0	304,041	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,209,766	0	2,209,766	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,557,293	0	2,557,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	336,172,014	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	69,217,442	0.000000	0.000000	3,507	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,872,877	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	43,486	53,846,084	0.000808	0.000808	89,784	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	248,932,051	0.000000	0.000000	15,580	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	88,198,604	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	70,242,583	0.000000	0.000000	2,069	56.00
57.00	05700 CT SCAN	0	263,939,128	0.000000	0.000000	68,847	57.00
58.00	05800 MRI	0	172,452,263	0.000000	0.000000	42,446	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,089,160	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	304,041	396,012,140	0.000768	0.000768	461,864	60.00
60.01	06001 VASCULAR LAB	0	27,989,059	0.000000	0.000000	4,121	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,724,617	0.000000	0.000000	575	63.00
64.00	06400 INTRAVENOUS THERAPY	0	11,266,360	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	50,544,964	0.000000	0.000000	19,557	65.00
66.00	06600 PHYSICAL THERAPY	0	82,306,706	0.000000	0.000000	15,940	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,510,190	0.000000	0.000000	1,797	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,026,214	0.000000	0.000000	1,084	68.00
69.00	06900 ELECTROCARDIOLOGY	0	142,478,612	0.000000	0.000000	40,059	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,499,276	0.000000	0.000000	4,310	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,309,685	0.000000	0.000000	4,684	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	206,232,421	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,209,766	428,209,417	0.005160	0.005160	484,621	73.00
74.00	07400 RENAL DIALYSIS	0	12,226,753	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	19,712,893	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,114,623	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	264,665,871	0.000000	0.000000	101,327	90.00
91.00	09100 EMERGENCY	0	263,593,531	0.000000	0.000000	584,531	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	0.000000	3,884	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	17,587,359	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,557,293	3,576,453,947			1,950,587	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	73	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	355	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,501	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	2,929	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.160652	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.119892	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.271151	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.157807	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.225227	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.124465	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.152262	0	0	0	0	56.00
57.00 05700 CT SCAN	0.038220	0	0	0	0	57.00
58.00 05800 MRI	0.085375	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.105794	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167422	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	0.116320	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.262765	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.323939	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.215421	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.415816	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.301798	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.288484	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.069252	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.306132	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.390737	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.299527	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.452561	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.714655	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.643687	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.602506	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.130338	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.488522	0	0	0	0	92.01
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
	Component CCN: 14S010	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part II Date/Time Prepared: 2/22/2016 2:57 pm		
		Title XVIIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,027,618	336,172,014	0.026854	0	0	50.00
51.00	05100	RECOVERY ROOM	804,776	69,217,442	0.011627	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,816,674	49,872,877	0.036426	0	0	52.00
53.00	05300	ANESTHESIOLOGY	968,181	53,846,084	0.017981	495	9	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,907,689	248,932,051	0.039801	168,526	6,708	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,558,422	88,198,604	0.029008	21,134	613	55.00
56.00	05600	RADIOISOTOPE	2,190,943	70,242,583	0.031191	4,907	153	56.00
57.00	05700	CT SCAN	2,063,906	263,939,128	0.007820	153,498	1,200	57.00
58.00	05800	MRI	4,574,715	172,452,263	0.026527	68,101	1,807	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,229,229	74,089,160	0.030088	0	0	59.00
60.00	06000	LABORATORY	5,401,690	396,012,140	0.013640	463,516	6,322	60.00
60.01	06001	VASCULAR LAB	525,601	27,989,059	0.018779	145,971	2,741	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	195,936	10,724,617	0.018270	36,592	669	63.00
64.00	06400	INTRAVENOUS THERAPY	164,115	11,266,360	0.014567	50,395	734	64.00
65.00	06500	RESPIRATORY THERAPY	710,540	50,544,964	0.014058	152,464	2,143	65.00
66.00	06600	PHYSICAL THERAPY	3,269,534	82,306,706	0.039724	1,266,593	50,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	287,574	14,510,190	0.019819	1,336,010	26,478	67.00
68.00	06800	SPEECH PATHOLOGY	148,568	6,026,214	0.024654	771,223	19,014	68.00
69.00	06900	ELECTROCARDIOLOGY	1,585,937	142,478,612	0.011131	34,373	383	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	450,588	10,499,276	0.042916	6,661	286	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,596,717	128,309,685	0.012444	77,400	963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,321,346	206,232,421	0.016105	20,455	329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,408,166	428,209,417	0.010294	912,444	9,393	73.00
74.00	07400	RENAL DIALYSIS	549,239	12,226,753	0.044921	67,167	3,017	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,689,285	19,712,893	0.085694	0	0	75.00
76.00	03950	BLANK	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	242,005	2,114,623	0.114444	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,661,299	264,665,871	0.055396	7,494	415	90.00
91.00	09100	EMERGENCY	3,314,368	263,593,531	0.012574	436	5	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	4,347	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	827,522	17,587,359	0.047052	0	0	92.01
200.00		Total (Lines 50-199)	79,492,183	3,576,453,947		5,770,202	133,696	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	43,486	43,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	304,041	304,041	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,209,766	2,209,766	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,557,293	2,557,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	336,172,014	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	69,217,442	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	49,872,877	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	43,486	53,846,084	0.000808	0.000808	495	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	248,932,051	0.000000	0.000000	168,526	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	88,198,604	0.000000	0.000000	21,134	55.00
56.00	05600 RADIOISOTOPE	0	70,242,583	0.000000	0.000000	4,907	56.00
57.00	05700 CT SCAN	0	263,939,128	0.000000	0.000000	153,498	57.00
58.00	05800 MRI	0	172,452,263	0.000000	0.000000	68,101	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	74,089,160	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	304,041	396,012,140	0.000768	0.000768	463,516	60.00
60.01	06001 VASCULAR LAB	0	27,989,059	0.000000	0.000000	145,971	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	10,724,617	0.000000	0.000000	36,592	63.00
64.00	06400 INTRAVENOUS THERAPY	0	11,266,360	0.000000	0.000000	50,395	64.00
65.00	06500 RESPIRATORY THERAPY	0	50,544,964	0.000000	0.000000	152,464	65.00
66.00	06600 PHYSICAL THERAPY	0	82,306,706	0.000000	0.000000	1,266,593	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,510,190	0.000000	0.000000	1,336,010	67.00
68.00	06800 SPEECH PATHOLOGY	0	6,026,214	0.000000	0.000000	771,223	68.00
69.00	06900 ELECTROCARDIOLOGY	0	142,478,612	0.000000	0.000000	34,373	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,499,276	0.000000	0.000000	6,661	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,309,685	0.000000	0.000000	77,400	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	206,232,421	0.000000	0.000000	20,455	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,209,766	428,209,417	0.005160	0.005160	912,444	73.00
74.00	07400 RENAL DIALYSIS	0	12,226,753	0.000000	0.000000	67,167	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	19,712,893	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,114,623	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	264,665,871	0.000000	0.000000	7,494	90.00
91.00	09100 EMERGENCY	0	263,593,531	0.000000	0.000000	436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	0.000000	4,347	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	17,587,359	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	2,557,293	3,576,453,947			5,770,202	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	356	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,708	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	5,064	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.160652	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.119892	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.271151	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.157807	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.225227	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.124465	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.152262	0	0	0	0	56.00
57.00 05700 CT SCAN	0.038220	0	0	0	0	57.00
58.00 05800 MRI	0.085375	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.105794	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167422	0	0	0	0	60.00
60.01 06001 VASCULAR LAB	0.116320	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.262765	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.323939	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.215421	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.415816	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.301798	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.288484	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.069252	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.306132	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.390737	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.299527	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.452561	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.714655	0	0	0	0	75.00
76.00 03950 BLANK	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.643687	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.602506	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.130338	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	0	0	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0.488522	0	0	0	0	92.01
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/22/2016 2:57 pm
	Component CCN: 14T010	Title XVIII	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	43,486	0	43,486	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	304,041	0	304,041	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,209,766	0	2,209,766	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,557,293	0	2,557,293	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	336,172,014	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	69,217,442	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	49,872,877	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	43,486	53,846,084	0.000808	0.000808	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	248,932,051	0.000000	0.000000	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	88,198,604	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	70,242,583	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	263,939,128	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	172,452,263	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	74,089,160	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	304,041	396,012,140	0.000768	0.000768	0	60.00
60.01 06001 VASCULAR LAB	0	27,989,059	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	10,724,617	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,266,360	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	50,544,964	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	82,306,706	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	14,510,190	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	6,026,214	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	142,478,612	0.000000	0.000000	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,499,276	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	128,309,685	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	206,232,421	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,209,766	428,209,417	0.005160	0.005160	0	73.00
74.00 07400 RENAL DIALYSIS	0	12,226,753	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	19,712,893	0.000000	0.000000	0	75.00
76.00 03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	2,114,623	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	264,665,871	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	263,593,531	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	54,481,050	0.000000	0.000000	0	92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	17,587,359	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	2,557,293	3,576,453,947			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/22/2016 2:57 pm
	Component CCN: 145855	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		145,788	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		145,788	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,558	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		61,892	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		146,174,150	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		146,174,150	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		146,174,150	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,002.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		62,056,014	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		62,056,014	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	31,433,773	17,023	1,846.55	8,857	16,354,893	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	13,766,573	11,938	1,153.17	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					120,306,471	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					198,717,378	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,915,806	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,637,511	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					18,553,317	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					180,164,061	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					20,230	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,002.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					20,283,610	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	15,152,470	146,174,150	0.103660	20,283,610	2,102,599	90.00
91.00	Nursing School cost	0	146,174,150	0.000000	20,283,610	0	91.00
92.00	Allied health cost	0	146,174,150	0.000000	20,283,610	0	92.00
93.00	All other Medical Education	0	146,174,150	0.000000	20,283,610	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Component CCN: 14S010		Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,803	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,803	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,803	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,780	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,266,539	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,266,539	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,266,539	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		945.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,682,598	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,682,598	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 14S010				Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					404,691		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,087,289		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					170,595		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					32,933		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					203,528		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,883,761		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	939,545	9,266,539	0.101391	0	0	90.00
91.00	Nursing School cost	0	9,266,539	0.000000	0	0	91.00
92.00	Allied health cost	0	9,266,539	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,266,539	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,508	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,508	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,508	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,631	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,443,864	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,443,864	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,443,864	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		806.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,122,691	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,122,691	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 14T010				Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,703,888		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,826,579		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				239,105		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				138,760		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				377,865		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,448,714		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	500,571	4,443,864	0.112643	0	0	90.00
91.00	Nursing School cost	0	4,443,864	0.000000	0	0	91.00
92.00	Allied health cost	0	4,443,864	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,443,864	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			0 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
		Component CCN: 145855				Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0.00	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital -related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/22/2016 2:57 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		130,230,287	30.00
31.00	03100	INTENSIVE CARE UNIT		40,815,250	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160652	68,308,618	10,973,916 50.00
51.00	05100	RECOVERY ROOM	0.119892	13,225,224	1,585,599 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.271151	73,576	19,950 52.00
53.00	05300	ANESTHESIOLOGY	0.157807	8,826,015	1,392,807 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.227528	24,091,649	5,481,525 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125999	1,359,296	171,270 55.00
56.00	05600	RADIOISOTOPE	0.154169	3,021,259	465,784 56.00
57.00	05700	CT SCAN	0.038220	33,314,683	1,273,287 57.00
58.00	05800	MRI	0.085375	9,388,452	801,539 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105794	19,923,924	2,107,832 59.00
60.00	06000	LABORATORY	0.169847	79,235,872	13,457,975 60.00
60.01	06001	VASCULAR LAB	0.116414	4,880,820	568,196 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.262765	2,780,621	730,650 63.00
64.00	06400	INTRAVENOUS THERAPY	0.323939	5,798,292	1,878,293 64.00
65.00	06500	RESPIRATORY THERAPY	0.215421	21,233,359	4,574,111 65.00
66.00	06600	PHYSICAL THERAPY	0.416143	10,019,105	4,169,380 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301798	5,239,232	1,581,190 67.00
68.00	06800	SPEECH PATHOLOGY	0.288484	2,385,265	688,111 68.00
69.00	06900	ELECTROCARDIOLOGY	0.069350	22,569,402	1,565,188 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.306132	2,449,490	749,867 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	30,930,259	8,304,589 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.390737	69,681,891	27,227,293 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299527	57,033,459	17,083,061 73.00
74.00	07400	RENAL DIALYSIS	0.452561	3,241,932	1,467,172 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.714655	100,523	71,839 75.00
76.00	03950	BLANK	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.643687	1,152	742 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.602607	4,858,011	2,927,471 90.00
91.00	09100	EMERGENCY	0.130338	44,134,590	5,752,414 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	6,100,547	2,271,270 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.488522	1,973,606	964,150 92.01
200.00		Total (sum of lines 50-94 and 96-98)		556,180,124	120,306,471 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		556,180,124	120,306,471 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII I	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		3,940,686	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.160652	0	50.00
51.00	05100 RECOVERY ROOM	0.119892	3,507	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.271151	0	52.00
53.00	05300 ANESTHESIOLOGY	0.157807	89,784	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.227528	15,580	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.125999	0	55.00
56.00	05600 RADIOISOTOPE	0.154169	2,069	56.00
57.00	05700 CT SCAN	0.038220	68,847	57.00
58.00	05800 MRI	0.085375	42,446	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105794	0	59.00
60.00	06000 LABORATORY	0.169847	461,864	60.00
60.01	06001 VASCULAR LAB	0.116414	4,121	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.262765	575	63.00
64.00	06400 INTRAVENOUS THERAPY	0.323939	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.215421	19,557	65.00
66.00	06600 PHYSICAL THERAPY	0.416143	15,940	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301798	1,797	67.00
68.00	06800 SPEECH PATHOLOGY	0.288484	1,084	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069350	40,059	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.306132	4,310	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	4,684	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.390737	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.299527	484,621	73.00
74.00	07400 RENAL DIALYSIS	0.452561	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.714655	0	75.00
76.00	03950 BLANK	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.643687	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.602607	101,327	90.00
91.00	09100 EMERGENCY	0.130338	584,531	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	3,884	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.488522	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		1,950,587	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,950,587	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,316,135	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.160652	0	50.00
51.00	05100	RECOVERY ROOM	0.119892	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.271151	0	52.00
53.00	05300	ANESTHESIOLOGY	0.157807	495	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.227528	168,526	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.125999	21,134	55.00
56.00	05600	RADIOISOTOPE	0.154169	4,907	56.00
57.00	05700	CT SCAN	0.038220	153,498	57.00
58.00	05800	MRI	0.085375	68,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105794	0	59.00
60.00	06000	LABORATORY	0.169847	463,516	60.00
60.01	06001	VASCULAR LAB	0.116414	145,971	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.262765	36,592	63.00
64.00	06400	INTRAVENOUS THERAPY	0.323939	50,395	64.00
65.00	06500	RESPIRATORY THERAPY	0.215421	152,464	65.00
66.00	06600	PHYSICAL THERAPY	0.416143	1,266,593	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301798	1,336,010	67.00
68.00	06800	SPEECH PATHOLOGY	0.288484	771,223	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069350	34,373	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.306132	6,661	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268494	77,400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.390737	20,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.299527	912,444	73.00
74.00	07400	RENAL DIALYSIS	0.452561	67,167	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.714655	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.643687	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.602607	7,494	90.00
91.00	09100	EMERGENCY	0.130338	436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.372306	4,347	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.488522	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		5,770,202	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,770,202	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	138,519,181			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		4,256,642		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		15,809,739		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		626.74		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		170.74		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		170.74		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		183.75		10.00
11.00	FTE count for residents in dental and podiatric programs.		4.14		11.00
12.00	Current year allowable FTE (see instructions)		174.88		12.00
13.00	Total allowable FTE count for the prior year.		174.58		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		173.61		14.00
15.00	Sum of lines 12 through 14 divided by 3.		174.36		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		174.36		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.278201		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.240973		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.240973		21.00
22.00	IME payment adjustment (see instructions)		17,087,034		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,950,210		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		13.01		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		17,087,034		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,950,210		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.02		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.10		31.00
32.00	Sum of lines 30 and 31		17.12		32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.88		33.00
34.00	Disproportionate share adjustment (see instructions)		1,343,636		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000776163 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		5,935,819 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		5,935,819 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,935,819		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		15,531		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5	3	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5	3	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.05		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		37		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.660714		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		750.80	750.80	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		167,142,312		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		169,092,522		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		13,347,796		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		5,021,820		52.00
53.00	Nursing and Allied Health Managed Care payment		62,956		53.00
54.00	Special add-on payments for new technologies		228,122		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		362,277		58.00
59.00	Total (sum of amounts on lines 49 through 58)		188,115,493		59.00
60.00	Primary payer payments		35,685		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		188,079,808		61.00
62.00	Deductibles billed to program beneficiaries		14,277,804		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinurance billed to program beneficiaries		320,029		63.00
64.00	Allowable bad debts (see instructions)		1,301,262		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		845,820		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		932,158		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		174,327,795		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJ - PSR		24,033		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		283,469		70.93
70.94	HRR adjustment amount (see instructions)		-33,317		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		1,829,186		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		172,772,794		71.00
71.01	Sequestration adjustment (see instructions)		3,455,456		71.01
72.00	Interim payments		163,805,609		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		5,511,729		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,870,461		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
	HSP Bonus Payment Amount	1.00	1.01	2.00
100.00	HSP bonus amount (see instructions)			0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	138,519,181	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,256,642	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,809,739	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.240973	0.240973	0.240973	0.240973		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,087,034	0	0	17,087,034	17,087,034	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,950,210	0	0	1,950,210	1,950,210	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,087,034	0	0	17,087,034	17,087,034	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,950,210	0	0	1,950,210	1,950,210	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0388	0.0388	0.0388	0.0388		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,343,636	0	0	1,343,636	1,343,636	11.00
11.01	Uncompensated care payments	36.00	5,935,819	0	0	5,935,819	5,935,819	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	167,142,312	0	0	167,142,312	167,142,312	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	169,092,522	0	0	169,092,522	169,092,522	15.00
16.00	Payment for inpatient program capital	50.00	13,347,796	0	0	13,347,796	13,347,796	16.00
17.00	Special add-on payments for new technologies	54.00	228,122	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	0	182,440,318	182,440,318	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	11,074,569	0	0	0	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	516,801	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1233	0.1233	0.1233	0.1233		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,365,494	0	0	1,365,494	1,365,494	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0353	0.0353	0.0353	0.0353		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	390,932	0	0	390,932	390,932	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,347,796	0	0	13,347,796	13,347,796	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	138,519,181		138,519,181	138,519,181	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	4,256,642	0	4,256,642	4,256,642	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,809,739	0	15,809,739	15,809,739	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.240973	0.240973	0.240973		5.00
6.00	IME payment adjustment (see instructions)	22.00	17,087,034	0	17,087,034	17,087,034	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,950,210	0	1,950,210	1,950,210	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	17,087,034	0	17,087,034	17,087,034	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,950,210	0	1,950,210	1,950,210	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0388	0.0388	0.0388		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,343,636	0	1,343,636	1,343,636	11.00
11.01	Uncompensated care payments	36.00	5,935,819	0	5,935,819	5,935,819	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	167,142,312	0	167,142,312	167,142,312	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	169,092,522	0	169,092,522	169,092,522	15.00
16.00	Payment for inpatient program capital	50.00	13,347,796	0	13,347,796	13,347,796	16.00
17.00	Special add-on payments for new technologies	54.00	228,122	0	228,122	228,122	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	182,668,440	182,668,440	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	11,074,569	0	11,074,569	11,074,569	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	516,801	0	516,801	516,801	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1233	0.1233	0.1233		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,365,494	0	1,365,494	1,365,494	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0353	0.0353	0.0353		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	390,932	0	390,932	390,932	25.00
26.00	Total prospective capital payments (see instructions)	12.00	13,347,796	0	13,347,796	13,347,796	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	283,469	0	283,469	283,469	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-33,317	0	-33,317	-33,317	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,829,186	1,829,186	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			1,488,704 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			210,486,154 2.00
3.00	PPS payments			175,637,038 3.00
4.00	Outlier payment (see instructions)			2,894,438 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			660,865 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			1,488,704 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			4,828,020 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			4,828,020 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			4,828,020 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			3,339,316 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			1,488,704 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			179,192,341 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			67,114 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			36,854,979 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			143,758,952 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			5,218,975 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			148,977,927 30.00
31.00	Primary payer payments			7,834 31.00
32.00	Subtotal (line 30 minus line 31)			148,970,093 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			2,443,237 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			1,588,104 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,937,035 36.00
37.00	Subtotal (see instructions)			150,558,197 37.00
38.00	MSP-LCC reconciliation amount from PS&R			454 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			150,557,743 40.00
40.01	Sequestration adjustment (see instructions)			3,011,155 40.01
41.00	Interim payments			147,595,793 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-49,205 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,239,010 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII I	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140010		Period: From 10/01/2014 To 09/30/2015		Worksheet E-1 Part I Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		164,185,226		147,644,808	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/21/2015	379,617	04/21/2015	49,015	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-379,617		-49,015	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		163,805,609		147,595,793	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		5,511,729		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		49,205	6.02	
7.00	Total Medicare program liability (see instructions)		169,317,338		147,546,588	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14S010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,487,969		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,487,969		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		82,346		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,570,315		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14T010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,501,966			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/21/2015	17,845			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		17,845			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,519,811			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		54,897			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,574,708			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			35,386 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			70,749 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,212 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			154,519 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			4,020,833,333 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			41,895,775 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part II Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,539,792 1.00
2.00	Net IPF PPS Outlier Payments			25,999 2.00
3.00	Net IPF PPS ECT Payments			48,395 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			4.15 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			4.15 8.00
9.00	Average Daily Census (see instructions)			26.857534 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.076804 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			118,262 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,732,448 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,732,448 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,732,448 18.00
19.00	Deductibles			197,012 19.00
20.00	Subtotal (line 18 minus line 19)			1,535,436 20.00
21.00	Coinsurance			608 21.00
22.00	Subtotal (line 20 minus line 21)			1,534,828 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			99,393 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			64,605 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			66,609 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,599,433 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,929 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,602,362 31.00
31.01	Sequestration adjustment (see instructions)			32,047 31.01
32.00	Interim payments			1,487,969 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			82,346 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			6,494 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			25,999 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part III Date/Time Prepared: 2/22/2016 2:57 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,133,390 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0132 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			157,610 3.00
4.00	Outlier Payments			183,515 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			15.090411 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.067383 11.00
12.00	Teaching Adjustment (see instructions)			211,137 12.00
13.00	Total PPS Payment (see instructions)			3,685,652 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,685,652 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,685,652 19.00
20.00	Deductibles			16,204 20.00
21.00	Subtotal (line 19 minus line 20)			3,669,448 21.00
22.00	Coinsurance			29,075 22.00
23.00	Subtotal (line 21 minus line 22)			3,640,373 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,421 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,224 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,205 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,642,597 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,064 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,647,661 32.00
32.01	Sequestration adjustment (see instructions)			72,953 32.01
33.00	Interim payments			3,519,811 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			54,897 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			215 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			183,515 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2014 To 09/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/22/2016 2:57 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			190.24	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	89.94	87.56	177.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	84.88	82.63	167.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.82		10.00
11.00	Total weighted FTE count	84.88	86.45		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	83.56	87.46		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	78.39	93.76		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	82.28	89.22		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	82.28	89.22		17.00
18.00	Per resident amount	126,540.52	119,030.47		18.00
19.00	Approved amount for resident costs	10,411,754	10,619,899	21,031,653	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			10.71	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			21,031,653	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	75,160	8,774		26.00
27.00	Total Inpatient Days (see instructions)	169,830	169,830		27.00
28.00	Ratio of inpatient days to total inpatient days	0.442560	0.051663		28.00
29.00	Program direct GME amount	9,307,768	1,086,558		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		153,531		30.00
31.00	Net Program direct GME amount			10,240,795	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		12,226,753	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		204,631,246	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		35,685	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		204,595,561	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		212,635,723	42.00
43.00	Primary payer payments (see instructions)		7,834	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		212,627,889	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		417,223,450	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.490374	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.509626	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		10,240,795	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,021,820	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,218,975	50.00

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

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet G

Date/Time Prepared:
2/22/2016 2:57 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	62,114,780	0	0	0	1.00
2.00	Temporary investments	44,296,669	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	313,524,580	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-70,785,364	0	0	0	6.00
7.00	Inventory	20,340,080	0	0	0	7.00
8.00	Prepaid expenses	31,264,124	0	0	0	8.00
9.00	Other current assets	135,861	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	400,890,730	0	0	0	11.00
FIXED ASSETS						
12.00	Land	71,514,092	0	0	0	12.00
13.00	Land improvements	33,227,155	0	0	0	13.00
14.00	Accumulated depreciation	-18,633,239	0	0	0	14.00
15.00	Buildings	1,414,658,613	0	0	0	15.00
16.00	Accumulated depreciation	-643,972,897	0	0	0	16.00
17.00	Leasehold improvements	57,339,068	0	0	0	17.00
18.00	Accumulated depreciation	-35,647,243	0	0	0	18.00
19.00	Fixed equipment	376,307,623	0	0	0	19.00
20.00	Accumulated depreciation	-284,213,480	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	55,429,424	0	0	0	27.00
28.00	Accumulated depreciation	-30,499,910	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	995,509,206	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,654,291,452	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	210,169,632	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,864,461,084	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,260,861,020	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	60,355,680	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	634,330,886	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	694,686,566	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	707,340,553	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	707,340,553	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,402,027,119	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,858,833,901				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	1,858,833,901	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,260,861,020	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-1

Date/Time Prepared:
2/22/2016 2:57 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,863,277,904		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		55,520,729			2.00
3.00	Total (sum of line 1 and line 2)		1,918,798,633		0	3.00
4.00	CONTR TEMP RESTRICTED FOR USE	9,959,345		0		4.00
5.00	NET REALIZED GAINS ON INV	9,213,018		0		5.00
6.00	OTHER TRANSFER	1,571,856		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		20,744,219		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,939,542,852		0	11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION	17,252,094		0		12.00
13.00	UNREALIZED INCOME	12,303,707		0		13.00
14.00	PENSION & SERP EQUITY ADJ	51,153,150		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		80,708,951		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,858,833,901		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CONTR TEMP RESTRICTED FOR USE		0			4.00
5.00	NET REALIZED GAINS ON INV		0			5.00
6.00	OTHER TRANSFER		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION		0			12.00
13.00	UNREALIZED INCOME		0			13.00
14.00	PENSION & SERP EQUITY ADJ		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	261,395,954		261,395,954	1.00
2.00	SUBPROVIDER - IPF	20,752,620		20,752,620	2.00
3.00	SUBPROVIDER - IRF	9,062,258		9,062,258	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	291,210,832		291,210,832	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	73,317,199		73,317,199	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	49,659,541		49,659,541	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	122,976,740		122,976,740	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	414,187,572		414,187,572	17.00
18.00	Ancillary services	1,069,423,362	1,970,324,339	3,039,747,701	18.00
19.00	Outpatient services	64,611,204	752,998,307	817,609,511	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		18,114,707	18,114,707	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	12,077,107	12,077,107	26.00
27.00	OTHER PHYSICIAN REVENUE	0	65,271,623	65,271,623	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,548,222,138	2,818,786,083	4,367,008,221	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,331,047,097		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	24,736,304			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENS	9,170,418			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		33,906,722		36.00
37.00	INDIRECT OPERATING EXPENSES (HOSP, R	6,071,843			37.00
38.00	ROUNDING OFF	25			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		6,071,868		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,358,881,951		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140010

Period:
From 10/01/2014
To 09/30/2015

Worksheet G-3

Date/Time Prepared:
2/22/2016 2:57 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,367,008,221	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,947,743,491	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,419,264,730	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,358,881,951	4.00
5.00	Net income from service to patients (line 3 minus line 4)	60,382,779	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,347,201	6.00
7.00	Income from investments	33,378,318	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	1,728,917	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,423,982	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	250,720	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,209,301	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	755,214	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	29,428,419	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST, GRANT INC, EPIC INDE R	14,766,838	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	26,940,887	24.01
25.00	Total other income (sum of lines 6-24)	120,229,797	25.00
26.00	Total (line 5 plus line 25)	180,612,576	26.00
27.00	INTERCOMPANY TRANSFER	66,863,764	27.00
27.01	NON OPERATING INCOME	58,228,083	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	125,091,847	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	55,520,729	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet H

HHA CCN: 147001

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	251,048	0	0	251,048	4.00
5.00	2,520,324	644,720	0	373,010	0	3,538,054	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,681,735	682,179	0	0	0	3,363,914	6.00
7.00	2,184,594	555,716	0	0	0	2,740,310	7.00
8.00	261,239	66,454	0	0	0	327,693	8.00
9.00	40,770	10,371	0	0	0	51,141	9.00
10.00	68,845	17,513	0	0	0	86,358	10.00
11.00	69,115	17,582	0	0	0	86,697	11.00
12.00	0	0	0	228,717	0	228,717	12.00
13.00	0	0	0	306,120	0	306,120	13.00
14.00	39,837	10,134	0	1,522,056	0	1,572,027	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	325,996	0	325,996	23.00
24.00	7,866,459	2,004,669	251,048	2,755,899	0	12,878,075	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	251,048	0	251,048			4.00
5.00	0	3,538,054	-16,605	3,521,449			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	3,363,914	0	3,363,914			6.00
7.00	0	2,740,310	0	2,740,310			7.00
8.00	0	327,693	0	327,693			8.00
9.00	0	51,141	0	51,141			9.00
10.00	0	86,358	0	86,358			10.00
11.00	0	86,697	0	86,697			11.00
12.00	0	228,717	0	228,717			12.00
13.00	0	306,120	0	306,120			13.00
14.00	0	1,572,027	0	1,572,027			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	325,996	0	325,996			23.00
24.00	0	12,878,075	-16,605	12,861,470			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet H-1 Part I Date/Time Prepared: 2/22/2016 2:57 pm
		HHA CCN: 147001	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	251,048	0	0	251,048		4.00
5.00	Administrative and General	3,521,449	0	0	0	3,521,449	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,363,914	0	0	120,745	3,484,659	6.00
7.00	Physical Therapy	2,740,310	0	0	107,702	2,848,012	7.00
8.00	Occupational Therapy	327,693	0	0	11,961	339,654	8.00
9.00	Speech Pathology	51,141	0	0	1,786	52,927	9.00
10.00	Medical Social Services	86,358	0	0	2,026	88,384	10.00
11.00	Home Health Aide	86,697	0	0	6,828	93,525	11.00
12.00	Supplies (see instructions)	228,717	0	0	0	228,717	12.00
13.00	Drugs	306,120	0	0	0	306,120	13.00
14.00	DME	1,572,027	0	0	0	1,572,027	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	325,996	0	0	0	325,996	23.00
24.00	Total (sum of lines 1-23)	12,861,470	0	0	251,048	12,861,470	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
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	3,521,449					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,313,813	4,798,472				6.00
7.00	Physical Therapy	1,073,780	3,921,792				7.00
8.00	Occupational Therapy	128,059	467,713				8.00
9.00	Speech Pathology	19,955	72,882				9.00
10.00	Medical Social Services	33,323	121,707				10.00
11.00	Home Health Aide	35,262	128,787				11.00
12.00	Supplies (see instructions)	86,233	314,950				12.00
13.00	Drugs	115,416	421,536				13.00
14.00	DME	592,698	2,164,725				14.00
HHA NONREIMBURSABLE SERVICES							
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	Homemaker Service	0	0				22.00
23.00	All Others (specify)	122,910	448,906				23.00
24.00	Total (sum of lines 1-23)		12,861,470				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet H-1

HHA CCN: 147001

From 10/01/2014
To 09/30/2015

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	9,088,973	0		3.00
4.00	Transportation (see instructions)	0	0	0	49,197		4.00
5.00	Administrative and General	0	0	0	0	-3,521,449	9,340,021
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,363,914	23,662	0	3,484,659
7.00	Physical Therapy	0	0	2,740,310	21,106	0	2,848,012
8.00	Occupational Therapy	0	0	327,693	2,344	0	339,654
9.00	Speech Pathology	0	0	51,141	350	0	52,927
10.00	Medical Social Services	0	0	86,358	397	0	88,384
11.00	Home Health Aide	0	0	86,697	1,338	0	93,525
12.00	Supplies (see instructions)	0	0	228,717	0	0	228,717
13.00	Drugs	0	0	306,120	0	0	306,120
14.00	DME	0	0	1,572,027	0	0	1,572,027
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	325,996	0	0	325,996
24.00	Total (sum of lines 1-23)	0	0	9,088,973	49,197	-3,521,449	9,340,021
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	251,048		3,521,449
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	5.102913		0.377028

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet H-2

HHA CCN: 147001

To 09/30/2015

Part I
Date/Time Prepared: 2/22/2016 2:57 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	62,867	3,864	124,905	191,636	35,583	1.00
2.00 Skilled Nursing Care	4,798,472	72,233	4,444	132,904	5,008,053	929,902	2.00
3.00 Physical Therapy	3,921,792	40,181	2,469	108,266	4,072,708	756,224	3.00
4.00 Occupational Therapy	467,713	4,674	288	12,947	485,622	90,171	4.00
5.00 Speech Pathology	72,882	910	55	2,021	75,868	14,087	5.00
6.00 Medical Social Services	121,707	1,696	104	3,412	126,919	23,566	6.00
7.00 Home Health Aide	128,787	4,033	247	3,425	136,492	25,344	7.00
8.00 Supplies (see instructions)	314,950	0	0	0	314,950	58,480	8.00
9.00 Drugs	421,536	0	0	0	421,536	78,271	9.00
10.00 DME	2,164,725	1,696	104	1,974	2,168,499	402,649	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	448,906	0	0	0	448,906	83,353	19.00
20.00 Total (sum of lines 1-19) (2)	12,861,470	188,290	11,575	389,854	13,451,189	2,497,630	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	136,570	0	30,611	0	20,029	1.00
2.00 Skilled Nursing Care	0	156,921	0	35,172	0	23,018	2.00
3.00 Physical Therapy	0	87,288	0	19,565	0	12,800	3.00
4.00 Occupational Therapy	0	10,153	0	2,276	0	1,489	4.00
5.00 Speech Pathology	0	1,977	0	443	0	288	5.00
6.00 Medical Social Services	0	3,684	0	826	0	544	6.00
7.00 Home Health Aide	0	8,760	0	1,964	0	1,283	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	3,684	0	826	0	543	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	409,037	0	91,683	0	59,994	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet H-2

HHA CCN: 147001

To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	90,618	1.00
2.00	Skilled Nursing Care	0	308,009	0	0	15,702	104,197	2.00
3.00	Physical Therapy	0	0	0	0	13,881	57,974	3.00
4.00	Occupational Therapy	0	0	0	0	1,489	6,790	4.00
5.00	Speech Pathology	0	0	0	0	255	1,306	5.00
6.00	Medical Social Services	0	0	0	0	273	2,481	6.00
7.00	Home Health Aide	0	0	0	0	453	5,745	7.00
8.00	Supplies (see instructions)	0	0	12,303	0	0	0	8.00
9.00	Drugs	0	0	0	96,715	3,772	0	9.00
10.00	DME	0	0	0	0	4,245	2,481	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	308,009	12,303	96,715	40,070	271,592	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet H-2 Part I Date/Time Prepared: 2/22/2016 2:57 pm
				HHA CCN: 147001	Home Health Agency I	PPS

Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.02	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	505,047	0	505,047			1.00
2.00 Skilled Nursing Care	0	6,580,974	0	6,580,974	198,632	6,779,606	2.00
3.00 Physical Therapy	0	5,020,440	0	5,020,440	151,527	5,171,967	3.00
4.00 Occupational Therapy	0	597,990	0	597,990	18,049	616,039	4.00
5.00 Speech Pathology	0	94,224	0	94,224	2,844	97,068	5.00
6.00 Medical Social Services	0	158,293	0	158,293	4,778	163,071	6.00
7.00 Home Health Aide	0	180,041	0	180,041	5,434	185,475	7.00
8.00 Supplies (see instructions)	0	385,733	0	385,733	11,642	397,375	8.00
9.00 Drugs	0	600,294	0	600,294	18,118	618,412	9.00
10.00 DME	0	2,582,927	0	2,582,927	77,958	2,660,885	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	532,259	0	532,259	16,065	548,324	19.00
20.00 Total (sum of lines 1-19) (2)	0	17,238,222	0	17,238,222	505,047	17,238,222	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.030182		21.00

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2014
To 09/30/2015

Worksheet H-2
Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	3,040	3,922	2,520,324	0	191,636	0	1.00
2.00 Skilled Nursing Care	3,493	4,509	2,681,735	0	5,008,053	0	2.00
3.00 Physical Therapy	1,943	2,506	2,184,594	0	4,072,708	0	3.00
4.00 Occupational Therapy	226	292	261,239	0	485,622	0	4.00
5.00 Speech Pathology	44	56	40,770	0	75,868	0	5.00
6.00 Medical Social Services	82	106	68,845	0	126,919	0	6.00
7.00 Home Health Aide	195	251	69,115	0	136,492	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	314,950	0	8.00
9.00 Drugs	0	0	0	0	421,536	0	9.00
10.00 DME	82	106	39,837	0	2,168,499	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	448,906	0	19.00
20.00 Total (sum of lines 1-19)	9,105	11,748	7,866,459	0	13,451,189	0	20.00
21.00 Total cost to be allocated	188,290	11,575	389,854	0	2,497,630	0	21.00
22.00 Unit cost multiplier	20.679846	0.985274	0.049559	0	0.185681	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	3,040	0	3,040	0	69,342	0	1.00
2.00 Skilled Nursing Care	3,493	0	3,493	0	79,691	0	2.00
3.00 Physical Therapy	1,943	0	1,943	0	44,315	0	3.00
4.00 Occupational Therapy	226	0	226	0	5,156	0	4.00
5.00 Speech Pathology	44	0	44	0	997	0	5.00
6.00 Medical Social Services	82	0	82	0	1,882	0	6.00
7.00 Home Health Aide	195	0	195	0	4,441	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	82	0	82	0	1,881	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,105	0	9,105	0	207,705	0	20.00
21.00 Total cost to be allocated	409,037	0	91,683	0	59,994	0	21.00
22.00 Unit cost multiplier	44.924437	0.000000	10.069522	0.000000	0.288842	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet H-2

HHA CCN: 147001

To 09/30/2015

Part II
Date/Time Prepared: 2/22/2016 2:57 pm

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	694	0	1.00
2.00 Skilled Nursing Care	43	0	0	7,098,475	798	0	2.00
3.00 Physical Therapy	0	0	0	6,275,200	444	0	3.00
4.00 Occupational Therapy	0	0	0	673,262	52	0	4.00
5.00 Speech Pathology	0	0	0	115,239	10	0	5.00
6.00 Medical Social Services	0	0	0	123,301	19	0	6.00
7.00 Home Health Aide	0	0	0	204,767	44	0	7.00
8.00 Supplies (see instructions)	0	131,774	0	0	0	0	8.00
9.00 Drugs	0	0	632,115	1,705,335	0	0	9.00
10.00 DME	0	0	0	1,919,128	19	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	43	131,774	632,115	18,114,707	2,080	0	20.00
21.00 Total cost to be allocated	308,009	12,303	96,715	40,070	271,592	0	21.00
22.00 Unit cost multiplier	7,163.000000	0.093364	0.153002	0.002212	130.573077	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS						
	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2014 To 09/30/2015	Worksheet H-3 Part I Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	6,779,606		6,779,606	33,644	201.51	1.00
2.00	Physical Therapy	3.00	5,171,967	0	5,171,967	29,742	173.89	2.00
3.00	Occupational Therapy	4.00	616,039	0	616,039	3,191	193.06	3.00
4.00	Speech Pathology	5.00	97,068	0	97,068	519	187.03	4.00
5.00	Medical Social Services	6.00	163,071		163,071	487	334.85	5.00
6.00	Home Health Aide	7.00	185,475		185,475	1,544	120.13	6.00
7.00	Total (sum of lines 1-6)		13,013,226	0	13,013,226	69,127		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	0	18,127			8.00
8.01	Skilled Nursing Care		29404	0	5,535			8.01
9.00	Physical Therapy		16974	0	16,311			9.00
9.01	Physical Therapy		29404	0	4,795			9.01
10.00	Occupational Therapy		16974	0	1,795			10.00
10.01	Occupational Therapy		29404	0	549			10.01
11.00	Speech Pathology		16974	0	293			11.00
11.01	Speech Pathology		29404	0	57			11.01
12.00	Medical Social Services		16974	0	334			12.00
12.01	Medical Social Services		29404	0	63			12.01
13.00	Home Health Aide		16974	0	1,068			13.00
13.01	Home Health Aide		29404	0	270			13.01
14.00	Total (sum of lines 8-13)			0	49,197			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	397,375	0	397,375	182,073	2.182504	15.00
16.00	Cost of Drugs	9.00	618,412	0	618,412	742,991	0.832328	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	23,662		0	4,768,130		1.00
2.00	Physical Therapy	0	21,106		0	3,670,122		2.00
3.00	Occupational Therapy	0	2,344		0	452,533		3.00
4.00	Speech Pathology	0	350		0	65,461		4.00
5.00	Medical Social Services	0	397		0	132,935		5.00
6.00	Home Health Aide	0	1,338		0	160,734		6.00
7.00	Total (sum of lines 1-6)	0	49,197		0	9,249,915		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2014 To 09/30/2015	Worksheet H-3 Part I Date/Time Prepared: 2/22/2016 2:57 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	119,914	0	0	261,713	0
16.00	Cost of Drugs		0	0		0	0
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	4,768,130					1.00
2.00	Physical Therapy	3,670,122					2.00
3.00	Occupational Therapy	452,533					3.00
4.00	Speech Pathology	65,461					4.00
5.00	Medical Social Services	132,935					5.00
6.00	Home Health Aide	160,734					6.00
7.00	Total (sum of lines 1-6)	9,249,915					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2014 To 09/30/2015	Worksheet H-3 Part II Date/Time Prepared: 2/22/2016 2:57 pm
Title XVIII			Home Health Agency I	PPS

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		
	0	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	0.415816	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.301798	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.288484	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.268494	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.299527	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2014 To 09/30/2015	Worksheet H-4 Part I-II Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	12,107,050	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	12,107,050	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	12,107,050	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	10,081,677
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	29,190
13.00	Total PPS Reimbursement - LUPA Episodes		0	172,261
14.00	Total PPS Reimbursement - PEP Episodes		0	95,865
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,965
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	-10,902
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	10,374,056
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	10,374,056
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	10,374,056
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	10,374,056
30.00	OTHER ADJ		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	10,374,056
31.01	Sequestration adjustment (see instructions)		0	207,484
32.00	Interim payments (see instructions)		0	10,166,572
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140010
HHA CCN: 147001

Period:
From 10/01/2014
To 09/30/2015

Worksheet H-5
Date/Time Prepared:
2/22/2016 2:57 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		10,166,572	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		10,166,572	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		10,166,572	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140010

Period:

Worksheet 1-1

Component CCN: 142300

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
2/22/2016 2:57 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	514,109	HOURS OF SERVICE	11,555.00	5.56	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	385,314	HOURS OF SERVICE	15,342.00	7.38	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	53,333	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	41,092	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	993,848				9.00
10.00	EMPLOYEE BENEFITS	238,869	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	216,391	REQUISITIONS			14.00
15.00	DRUGS	418,032	REQUISITIONS			15.00
16.00	OTHER	2,115,703	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,982,843				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	216,022	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	22,353	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	49,254	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	792,946	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	574,467	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	13,664	REQUISITIONS			24.00
25.00	PHARMACY	-306,170	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	187,967	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	5,533,346				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	BLANK		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	5,533,346				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	
Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015
Component CCN: 142300	Date/Time Prepared: 2/22/2016 2:57 pm
Renal Dialysis	

Worksheet 1-2
Date/Time Prepared: 2/22/2016 2:57 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	790,489	22,353	514,109	385,314	288,123	111,862	1.00
MAINTENANCE								
2.00	Hemodialysis	666,838	18,777	433,686	325,038	243,042	111,862	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	123,651	3,576	80,423	60,276	45,081	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	790,489	22,353	514,109	385,314	288,123	111,862	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	230,055	0	2,342,305	3,191,041	5,533,346		1.00
MAINTENANCE								
2.00	Hemodialysis	194,073	0	1,993,316	2,715,595	4,708,911		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	35,982	0	348,989	475,446	824,435		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	230,055	0	2,342,305	3,191,041	5,533,346		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,533,346		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet 1-3

Component CCN: 142300

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	790,489	22,353	514,109	385,314	288,123	1.00
MAINTENANCE							
2.00	Hemodialysis	8,812	84.00	9,410.00	12,942.00	838,348	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	1,634	16.00	1,745.00	2,400.00	155,500	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,446	100.00	11,155.00	15,342.00	993,848	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	75.673846	223.530000	46.087763	25.114978	0.289907	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	111,862	230,055	0	2,342,305	3,191,041	1.00
MAINTENANCE							
2.00	Hemodialysis	0	3,193	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	592	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	128,066					14.00
15.00	ARANESP	241,485					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	369,551	3,785	0		2,342,305	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.302697	60.780713	0.000000		1.362351	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet 1-4

Component CCN: 142300

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Rate 0		Renal Dialysis			
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	6,796	4,708,911	692.89	4,143	2,870,643	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	136	824,435	6,062.02	116	703,194	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	6,796	5,533,346		4,143	3,573,837	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)	7,204					12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	HPH RENAL DIALYSIS	142336					20.00
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)				
		6.00	7.00				
1.00	Maintenance - Hemodialysis	1,069,842	258.23				1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00				2.00
3.00	Training - Hemodialysis	0	0.00				3.00
4.00	Training - Peritoneal Dialysis	0	0.00				4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00				5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00				6.00
7.00	Home Program - Hemodialysis	0	0.00				7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00				8.00
		6.00	7.00				
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00				9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	87,398	753.43				10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6) (see instruction)	1,157,240					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3)) (see instruction)						12.00
ADDITIONAL RENAL FACILITY NUMBERS							
20.00	HPH RENAL DIALYSIS						20.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet 1-5 Date/Time Prepared: 2/22/2016 2:57 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,573,837		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	1,157,240	1,084,791	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	1,157,240	1,084,791	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	147	138	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	147	138	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	231,420	216,932	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	231,420	216,932	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	217,070	8.00
9.00	Program payment (see instructions)	925,674	867,722	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	5,902,897		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	5,533,346		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.937395		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	109,951	0	0	4.00
5.00	Volunteer Service Coordination	59,878	14,113	0	0	0	5.00
6.00	Administrative and General	451,232	69,241	0	0	248,058	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	886,114	208,861	0	0	0	9.00
10.00	Nursing Care	1,443,211	340,171	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	274,520	64,706	0	0	0	15.00
16.00	Spiritual Counseling	126,139	29,732	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	8,563	2,018	0	2,211,681	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	577,504	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	414,763	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	57,871	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	89,329	14,098	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,338,986	742,940	109,951	2,269,552	1,240,325	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	109,951	0	109,951	0	109,951	4.00
5.00	Volunteer Service Coordination	73,991	0	73,991	0	73,991	5.00
6.00	Administrative and General	768,531	0	768,531	0	768,531	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	1,094,975	0	1,094,975	0	1,094,975	9.00
10.00	Nursing Care	1,783,382	0	1,783,382	0	1,783,382	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	339,226	0	339,226	0	339,226	15.00
16.00	Spiritual Counseling	155,871	0	155,871	0	155,871	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,222,262	0	2,222,262	0	2,222,262	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	577,504	0	577,504	0	577,504	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	414,763	0	414,763	0	414,763	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	57,871	0	57,871	0	57,871	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	103,427	0	103,427	0	103,427	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,701,754	0	7,701,754	0	7,701,754	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-1

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	98,806	0	0	106,785	245,641	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,334,841	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	274,520	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	89,329	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	98,806	0	274,520	196,114	1,580,482	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-1

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	59,878	5.00
6.00	Administrative and General		0	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	886,114	9.00
10.00	Nursing Care		108,370	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	126,139	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	8,563	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	108,370	1,080,694	3,338,986

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-2

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	12,965	0	0	25,170	31,106	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	314,628	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	64,706	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	14,098	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	12,965	0	64,706	39,268	345,734	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-2

Hospice CCN: 141522

To 09/30/2015

Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	14,113	14,113	5.00
6.00	Administrative and General		0	0	69,241	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	208,861	208,861	9.00
10.00	Nursing Care		25,543	0	340,171	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	64,706	15.00
16.00	Spiritual Counseling		0	29,732	29,732	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	2,018	2,018	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	14,098	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	25,543	254,724	742,940	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2014	Worksheet K-3
		Hospice CCN: 141522	To 09/30/2015	Date/Time Prepared: 2/22/2016 2:57 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2014	Worksheet K-3
		Hospice CCN: 141522	To 09/30/2015	Date/Time Prepared: 2/22/2016 2:57 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	2,211,681	2,211,681	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	57,871	57,871	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,269,552	2,269,552	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period:

Worksheet K-4

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	109,951	0	0	0	109,951	4.00
5.00	Volunteer Service Coordination	73,991	0	0	0	0	5.00
6.00	Administrative and General	768,531	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	1,094,975	0	0	0	17,838	9.00
10.00	Nursing Care	1,783,382	0	0	0	29,053	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	339,226	0	0	0	5,526	15.00
16.00	Spiritual Counseling	155,871	0	0	0	2,539	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,222,262	0	0	0	36,202	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	577,504	0	0	0	9,408	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	414,763	0	0	0	6,757	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	57,871	0	0	0	943	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	103,427	0	0	0	1,685	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,701,754	0	0	0	109,951	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-4

Hospice CCN: 141522

To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	73,991				5.00
6.00	Administrative and General	0	768,531	768,531		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	12,004	1,124,817	124,684	1,249,501	9.00
10.00	Nursing Care	19,551	1,831,986	203,072	2,035,058	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	3,719	348,471	38,627	387,098	15.00
16.00	Spiritual Counseling	1,709	160,119	17,749	177,868	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	24,362	2,282,826	253,043	2,535,869	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	6,331	593,243	65,760	659,003	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	4,547	426,067	47,229	473,296	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	634	59,448	6,590	66,038	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	1,134	106,246	11,777	118,023	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	73,991	7,701,754		7,701,754	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-4

Hospice CCN: 141522

To 09/30/2015

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	109,951		4.00
5.00	Volunteer Service Coordination	0	0	0	0	73,991	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	17,838	12,004	9.00
10.00	Nursing Care	0	0	0	29,053	19,551	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	5,526	3,719	15.00
16.00	Spiritual Counseling	0	0	0	2,539	1,709	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	36,202	24,362	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	9,408	6,331	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	6,757	4,547	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	943	634	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	1,685	1,134	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	109,951	73,991	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	1.000000	1.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-4

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-768,531	6,933,223	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	1,124,817	9.00
10.00	Nursing Care	0	1,831,986	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	348,471	15.00
16.00	Spiritual Counseling	0	160,119	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	2,282,826	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	593,243	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	426,067	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	59,448	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	106,246	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		768,531	39.00
40.00	Unit Cost Multiplier		0.110848	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		11,229	389	22,363	33,981	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	1,249,501	8,086	281	43,915	1,301,783	4.00
5.00	Nursing Care	2,035,058	46,757	1,623	71,525	2,154,963	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	387,098	8,644	300	13,605	409,647	10.00
11.00	Spiritual Counseling	177,868	4,012	139	6,251	188,270	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,535,869	145	5	424	2,536,443	16.00
17.00	Drugs, Biological and Infusion Therapy	659,003	0	0	0	659,003	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	473,296	0	0	0	473,296	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	66,038	0	0	0	66,038	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	118,023	2,999	103	4,427	125,552	30.00
31.00	Volunteer Program Costs	0	2,006	70	2,967	5,043	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,701,754	83,878	2,910	165,477	7,954,019	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	6,310	0	24,394	0	5,468	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	241,716	0	17,566	0	3,937	4.00
5.00	Nursing Care	400,136	0	101,575	0	22,768	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	76,064	0	18,778	0	4,209	10.00
11.00	Spiritual Counseling	34,958	0	8,715	0	1,953	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	470,969	0	314	0	70	16.00
17.00	Drugs, Biological and Infusion Therapy	122,364	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	87,882	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	12,262	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	23,313	0	6,514	0	1,460	30.00
31.00	Volunteer Program Costs	936	0	4,358	0	977	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,476,910	0	182,214	0	40,842	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
	10.00	11.00	12.00	13.00	14.00		
1.00 Administrative and General	0	3,091	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	2,228	0	0	0	0	4.00
5.00 Nursing Care	0	12,880	0	114,608	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	2,383	0	0	0	0	10.00
11.00 Spiritual Counseling	0	1,106	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	39	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	5,336	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	824	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	553	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	23,104	0	114,608	5,336	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	145,459	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	831	104,850	0	0	4.00
5.00	Nursing Care	0	25,884	606,382	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	112,162	0	0	10.00
11.00	Spiritual Counseling	0	0	52,099	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	1,828	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	88,359	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	38,780	0	0	30.00
31.00	Volunteer Program Costs	0	0	25,984	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	88,359	26,715	1,087,544	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2014

Worksheet K-5

Hospice CCN: 141522

To 09/30/2015

Part I
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	218,703					1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	1,672,911	0	1,672,911	33,937	1,706,848	4.00
5.00	Nursing Care	3,439,196	0	3,439,196	69,768	3,508,964	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	623,243	0	623,243	12,643	635,886	10.00
11.00	Spiritual Counseling	287,101	0	287,101	5,824	292,925	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	3,009,663	0	3,009,663	61,054	3,070,717	16.00
17.00	Drugs, Biological and Infusion Therapy	869,726	0	869,726	17,643	887,369	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	561,178	0	561,178	11,384	572,562	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	83,636	0	83,636	1,697	85,333	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	196,443	0	196,443	3,985	200,428	30.00
31.00	Volunteer Program Costs	37,851	0	37,851	768	38,619	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	10,999,651	0	10,999,651		10,999,651	34.00
35.00	Unit Cost Multiplier (see instructions)				0.020286		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
		1.00	2.00	4.00				
1.00	Administrative and General	543	395	451,233	0	33,981	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	391	285	886,114	0	1,301,783	4.00	
5.00	Nursing Care	2,261	1,647	1,443,211	0	2,154,963	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	418	305	274,520	0	409,647	10.00	
11.00	Spiritual Counseling	194	141	126,139	0	188,270	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	7	5	8,563	0	2,536,443	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	659,003	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	473,296	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	66,038	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	145	105	89,329	0	125,552	30.00	
31.00	Volunteer Program Costs	97	71	59,877	0	5,043	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	4,056	2,954	3,338,986		7,954,019	34.00	
35.00	Total cost to be allocated	83,878	2,910	165,477		1,476,910	35.00	
36.00	Unit Cost Multiplier (see instructions)	20.679980	0.985105	0.049559		0.185681	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:

From 10/01/2014
To 09/30/2015

Worksheet K-5

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	543	0	543	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	391	0	391	0	4.00
5.00	Nursing Care	0	2,261	0	2,261	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	418	0	418	0	10.00
11.00	Spiritual Counseling	0	194	0	194	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	7	0	7	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	145	0	145	0	30.00
31.00	Volunteer Program Costs	0	97	0	97	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,056	0	4,056	0	34.00
35.00	Total cost to be allocated	0	182,214	0	40,842	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	44.924556	0.000000	10.069527	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:

From 10/01/2014
To 09/30/2015

Worksheet K-5

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	10,700	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	7,714	0	0	0	0	4.00
5.00	Nursing Care	44,597	0	16	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	8,250	0	0	0	0	10.00
11.00	Spiritual Counseling	3,828	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	134	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	577,504	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	57,151	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	2,852	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,914	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	79,989	0	16	57,151	577,504	34.00
35.00	Total cost to be allocated	23,104	0	114,608	5,336	88,359	35.00
36.00	Unit Cost Multiplier (see instructions)	0.288840	0.000000	7,163.000000	0.093367	0.153002	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:

From 10/01/2014
To 09/30/2015

Worksheet K-5

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	Hospice I	
						INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
		16.00	17.00	19.00	20.00	21.00	
1.00	Administrative and General	0	1,114	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	375,713	803	0	0	0	4.00
5.00	Nursing Care	11,701,394	4,644	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	859	0	0	0	10.00
11.00	Spiritual Counseling	0	399	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	14	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	297	0	0	0	30.00
31.00	Volunteer Program Costs	0	199	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	12,077,107	8,329	0	0	0	34.00
35.00	Total cost to be allocated	26,715	1,087,544	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.002212	130.573178	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part II
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I					
		INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL	PARAMED PRGM-SCHOOL OF ANESTHESIA		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	(ASSIGNED TIME)	TECH (ASSIGNED TIME)	(ASSIGNED TIME)		
1.00	Administrative and General	22.00	23.00	23.01	23.02		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Part III
Date/Time Prepared:
2/22/2016 2:57 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.416143	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.301798	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.288484	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.299527	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.169847	0	0 6.00
6.01	VASCULAR LAB	60.01	0.116414	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.268494	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.125999	0	0 9.00
10.00	BLANK	76.00	0.000000	0	0 10.00
10.97	CARDIAC REHABILITATION	76.97	0.643687	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140010

Period:

Worksheet K-6

Hospice CCN: 141522

From 10/01/2014
To 09/30/2015

Date/Time Prepared:
2/22/2016 2:57 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				10,999,651	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				38,097	2.00
3.00	Average cost per diem (line 1 divided by line 2)				288.73	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	31,960				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	9,227,811				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,412			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		407,687			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			4,725		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,364,249		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140010	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/22/2016 2:57 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		11,074,569	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		516,801	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		423.34	3.00
4.00	Number of interns & residents (see instructions)		174.36	4.00
5.00	Indirect medical education percentage (see instructions)		12.33	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,365,494	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.10	8.00
9.00	Sum of lines 7 and 8		17.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.53	10.00
11.00	Disproportionate share adjustment (see instructions)		390,932	11.00
12.00	Total prospective capital payments (see instructions)		13,347,796	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00