

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). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140012

Period: From 01/01/2015 To 12/31/2015

Worksheet S Parts I-III Date/Time Prepared: 5/31/2016 4:06 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/31/2016 Time: 4:06 pm

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 KATHERINE SHAW BETHEA (140012) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 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	126,101	62,057	45,926	0	1.00
2.00 Subprovider - IPF	0	16	0		0	2.00
3.00 Subprovider - IRF	0	0	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
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	126,117	62,057	45,926	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: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:05 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL	PO Box: 403 EAST							1.00	
2.00	City: DIXON	State: IL		Zip Code: 61021-		County: LEE			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	
		V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	KSB PSYCH	14S012	99914	4	11/01/1983	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	KSB HOME HEALTH	147131	99914		07/07/1976	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)					2			21.00	
<u>Inpatient PPS Information</u>										
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)					Y	Y		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		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,363	1,469	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		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.		2			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.		2			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		N		40.00
		V	XVIII	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		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		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		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	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)	N				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
61.01	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 Nonprovider Site	Unweighted FTEs in Hospital	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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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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)			N	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.			N		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)					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)		N				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.		N				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	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:	508,420	0			0	118.01
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N				118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y				121.00
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: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:05 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		
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				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.	N				165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50				169.00
		Beginning		Ending		
		1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/31/2016 4:05 pm
			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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 4:05 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	06/01/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
			Y/N	Date	Y/N
			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)	Y	05/26/2016	Y	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)	N		N	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: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/31/2016 4:05 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.	0	1.00	2.00	3.00
			N		N
					21.00
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.	KAREN		SUI K	41.00
42.00	Enter the employer/company name of the cost report preparer.	KATHERINE SHAW BETHEA HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-285-5523		KSUIK@KSBHOSPITAL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

		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)	05/26/2016		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.	DIRECTOR OF ACCOUNTING		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: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	21,900	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)		60	21,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	66	24,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF						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	45.00	0	0		0	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	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		80				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)		0	0			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: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	4,041	1,999	6,970			1.00
2.00 HMO and other (see instructions)	0	87				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,041	1,999	6,970			7.00
8.00 INTENSIVE CARE UNIT	159	334	1,239			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		492	589			13.00
14.00 Total (see instructions)	4,200	2,825	8,798	2.98	706.94	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	956	1,811	3,167	0.00	15.84	16.00
17.00 SUBPROVIDER - IRF						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		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	2,493	731	7,733	0.00	9.86	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				2.98	732.64	27.00
28.00 Observation Bed Days		581	2,412			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	62			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: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part I Date/Time Prepared: 5/31/2016 4:05 pm
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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	1,185	663	2,961	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,185	663	2,961	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	126	224	487	16.00
17.00 SUBPROVIDER - IRF						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	0.00					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	0.00					25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/31/2016 4:05 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	62,034,036	0	62,034,036	1,523,899.45	40.71	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,457,358	0	1,457,358	7,552.58	192.96	4.00
4.01	Physicians - Part A - Teaching		289,828	0	289,828	2,506.00	115.65	4.01
5.00	Physician-Part B		22,075,616	0	22,075,616	124,364.12	177.51	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	227,828	0	227,828	9,797.72	23.25	7.00
7.01	Contracted interns and residents (in an approved programs)		558,661	0	558,661	16,640.00	33.57	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,562,137	0	1,562,137	53,198.47	29.36	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		866,960	0	866,960	22,172.57	39.10	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		78,367	0	78,367	406.13	192.96	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		16,929,217	0	16,929,217			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		678,946	0	678,946			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		96,390	0	96,390			22.00
22.01	Physician Part A - Teaching		31,983	0	31,983			22.01
23.00	Physician Part B		1,587,198	0	1,587,198			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		125,043	0	125,043			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	550,643	0	550,643	19,873.70	27.71	26.00
27.00	Administrative & General	5.00	5,488,920	-411,499	5,077,421	187,975.16	27.01	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	808,106	14,760	822,866	38,574.15	21.33	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	787,503	-192,549	594,954	47,627.85	12.49	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	946,706	-194,556	752,150	52,158.17	14.42	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	194,556	194,556	13,491.57	14.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,859,139	-229,977	1,629,162	38,068.74	42.80	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hou rs Rel ated 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	
39.00	Central Services and Supply	14.00	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	789,416	0	789,416	21,204.06	40.00
41.00	Medical Records & Medical Records Library	16.00	1,693,257	-538,085	1,155,172	19,638.38	41.00
42.00	Social Service	17.00	0	280,624	280,624	9,221.17	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/31/2016 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	38,882,103	0	38,882,103	1,370,591.61	28.37	1.00
2.00	Excluded area salaries (see instructions)	1,562,137	0	1,562,137	53,198.47	29.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,319,966	0	37,319,966	1,317,393.14	28.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	945,327	0	945,327	22,578.70	41.87	4.00
5.00	Subtotal wage-related costs (see inst.)	17,025,607	0	17,025,607	0.00	45.62	5.00
6.00	Total (sum of lines 3 thru 5)	55,290,900	0	55,290,900	1,339,971.84	41.26	6.00
7.00	Total overhead cost (see instructions)	12,923,690	-1,076,726	11,846,964	447,832.95	26.45	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2016 4:05 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,261,524 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			269,930 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			16,872 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)			8,927,395 8.00
9.00	Prescription Drug Plan			2,387,084 9.00
10.00	Dental, Hearing and Vision Plan			463,515 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			88,127 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)			310,307 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			304,505 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			3,583,519 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			97,999 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))			576,600 21.00
22.00	Day Care Cost and Allowances			64,201 22.00
23.00	Tuition Reimbursement			57,844 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,409,422 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/31/2016 4:05 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140012 Component CCN: 147131		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/31/2016 4:05 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					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	1,499	19	333	1,851	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	201.00	41.00	240.00	482.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.76	0.00	1.76	4.00
5.00	Other Administrative Personnel			1.75	0.00	1.75	5.00
6.00	Direct Nursing Service			5.46	0.00	5.46	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.89	0.00	0.89	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,001	22	56	17	1,096	21.00
22.00	Skilled Nursing Visit Charges	321,282	7,360	18,317	5,440	352,399	22.00
23.00	Physical Therapy Visits	1,092	0	36	8	1,136	23.00
24.00	Physical Therapy Visit Charges	433,447	0	14,292	3,176	450,915	24.00
25.00	Occupational Therapy Visits	101	0	1	0	102	25.00
26.00	Occupational Therapy Visit Charges	41,814	0	414	0	42,228	26.00
27.00	Speech Pathology Visits	30	0	0	0	30	27.00
28.00	Speech Pathology Visit Charges	9,600	0	0	0	9,600	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	114	15	0	0	129	31.00
32.00	Home Health Aide Visit Charges	16,986	2,235	0	0	19,221	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,338	37	93	25	2,493	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	823,129	9,595	33,023	8,616	874,363	35.00
36.00	Total Number of Episodes (standard/non outlier)	182		36	2	220	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	64,528	3,243	1,760	0	69,531	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10	Date/Time Prepared: 5/31/2016 4:05 pm
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.256271	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			18,107,066	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			68,406,546	6.00
7.00	Medicaid cost (line 1 times line 6)			17,530,614	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)			0	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			90,151	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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	0	2,091,213	2,091,213	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	0	535,917	535,917	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	0	535,917	535,917	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?			N	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)			5,512,650	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			75,705	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,436,945	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,393,331	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,929,248	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,929,248	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/31/2016 4:05 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	
GENERAL SERVICE COST CENTERS							
1.00	00100		5,890,541	5,890,541	-1,057,982	4,832,559	1.00
2.00	00200		0	0	3,049,052	3,049,052	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	550,643	15,990,121	16,540,764	0	16,540,764	4.00
5.01	00540	0	0	0	587,448	587,448	5.01
5.02	00590	773,681	4,226,508	5,000,189	-586,289	4,413,900	5.02
5.03	00591	414,577	563,430	978,007	-166,048	811,959	5.03
5.04	00550	1,959,317	1,633,652	3,592,969	-1,321,000	2,271,969	5.04
5.05	00560	2,341,345	7,197,015	9,538,360	47,090	9,585,450	5.05
7.00	00700	808,106	2,610,136	3,418,242	-209,411	3,208,831	7.00
8.00	00800	0	321,647	321,647	0	321,647	8.00
9.00	00900	787,503	527,356	1,314,859	-207,278	1,107,581	9.00
10.00	01000	946,706	698,552	1,645,258	-791,805	853,453	10.00
11.00	01100	0	0	0	791,805	791,805	11.00
13.00	01300	1,859,139	621,316	2,480,455	-247,570	2,232,885	13.00
14.00	01400	0	3,658,716	3,658,716	-3,641,555	17,161	14.00
15.00	01500	789,416	3,521,561	4,310,977	-1,744,657	2,566,320	15.00
16.00	01600	1,693,257	1,255,321	2,948,578	-589,034	2,359,544	16.00
17.00	01700	0	0	0	71,744	71,744	17.00
17.01	01701	0	0	0	230,144	230,144	17.01
21.00	02100	227,828	0	227,828	609,576	837,404	21.00
22.00	02200	860,716	1,020,703	1,881,419	-319,748	1,561,671	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,968,999	592,985	4,561,984	-113,472	4,448,512	30.00
31.00	03100	1,152,327	159,300	1,311,627	2,371	1,313,998	31.00
40.00	04000	1,049,809	105,439	1,155,248	344	1,155,592	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	332,572	60,197	392,769	1,996	394,765	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,807,059	1,064,518	2,871,577	-354,304	2,517,273	50.00
52.00	05200	0	0	0	106,328	106,328	52.00
53.00	05300	1,423,521	703,860	2,127,381	-46,068	2,081,313	53.00
54.00	05400	1,199,906	1,268,509	2,468,415	-1	2,468,414	54.00
54.01	05401	344,348	88,690	433,038	-21,443	411,595	54.01
57.00	05700	121,874	237,713	359,587	0	359,587	57.00
58.00	05800	171,474	182,250	353,724	0	353,724	58.00
59.00	05900	0	0	0	447,654	447,654	59.00
60.00	06000	2,465,509	2,702,688	5,168,197	-84,863	5,083,334	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	796,116	249,718	1,045,834	-227,988	817,846	65.00
66.00	06600	1,475,967	357,594	1,833,561	-115,142	1,718,419	66.00
67.00	06700	235,485	61,250	296,735	41,993	338,728	67.00
68.00	06800	294,042	71,115	365,157	-29,025	336,132	68.00
69.00	06900	929,487	1,808,831	2,738,318	-1,636,568	1,101,750	69.00
70.00	07000	239,473	43,225	282,698	241	282,939	70.00
71.00	07100	0	0	0	4,220,403	4,220,403	71.00
71.01	07101	104,023	32,806	136,829	0	136,829	71.01
72.00	07200	0	0	0	986,678	986,678	72.00
73.00	07300	0	845,122	845,122	1,602,879	2,448,001	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	25,658,157	5,210,334	30,868,491	1,590,527	32,459,018	90.01
91.00	09100	3,739,326	828,766	4,568,092	-6,492	4,561,600	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	512,328	166,989	679,317	-28,332	650,985	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	842,198	842,198	-842,198	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		62,034,036	67,420,672	129,454,708	0	129,454,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/31/2016 4:05 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	
200.00	TOTAL (SUM OF LINES 118-199)	62,034,036	67,420,672	129,454,708	0	129,454,708	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
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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	-628,152	4,204,407	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-60,168	2,988,884	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-66,997	16,473,767	4.00
5.01	00540	NONPATIENT TELEPHONES	0	587,448	5.01
5.02	00590	DATA PROCESSING	0	4,413,900	5.02
5.03	00591	PURCHASING RECEIVING AND STORES	-14,976	796,983	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	-27,515	2,244,454	5.04
5.05	00560	OTHER ADMINISTRATION AND GENERA	-3,371,065	6,214,385	5.05
7.00	00700	OPERATION OF PLANT	-21,032	3,187,799	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	321,647	8.00
9.00	00900	HOUSEKEEPING	0	1,107,581	9.00
10.00	01000	DIETARY	-2,798	850,655	10.00
11.00	01100	CAFETERIA	-386,710	405,095	11.00
13.00	01300	NURSING ADMINISTRATION	-170,458	2,062,427	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,161	14.00
15.00	01500	PHARMACY	0	2,566,320	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-56,133	2,303,411	16.00
17.00	01700	SOCIAL SERVICE	0	71,744	17.00
17.01	01701	UTILIZATION REVIEW	0	230,144	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	837,404	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1,561,671	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,448,512	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,313,998	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,155,592	40.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	394,765	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,517,273	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	106,328	52.00
53.00	05300	ANESTHESIOLOGY	-1,847,597	233,716	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,385	2,467,029	54.00
54.01	05401	ULTRA SOUND	0	411,595	54.01
57.00	05700	CT SCAN	0	359,587	57.00
58.00	05800	MRI	0	353,724	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	447,654	59.00
60.00	06000	LABORATORY	-506,977	4,576,357	60.00
60.01	06002	BLOOD BANK	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-1,200	816,646	65.00
66.00	06600	PHYSICAL THERAPY	0	1,718,419	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	338,728	67.00
68.00	06800	SPEECH PATHOLOGY	0	336,132	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,101,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	282,939	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	4,220,403	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	136,829	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	986,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,448,001	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	-19,925,422	12,533,596	90.01
91.00	09100	EMERGENCY	-1,806,455	2,755,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	650,985	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,895,040	100,559,668	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
194.01	07951	I HAP	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-28,895,040	100,559,668	200.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
5/31/2016 4:05 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY TO CAFETERIA						
1.00	CAFETERIA	11.00	194,556	597,249	1.00	
	O		194,556	597,249		
B - LABOR & DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	83,600	20,394	1.00	
	O		83,600	20,394		
C - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	585,018	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	120,951	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERA	5.05	0	136,229	3.00	
	O		0	842,198		
D - COMMUNICATIONS EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	210,462	376,986	1.00	
	O		210,462	376,986		
E - RECLASS BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	4,208,990	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	986,678	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	
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	
	O		0	5,195,668		
F - RECLASS BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,602,879	1.00	
	O		0	1,602,879		
G - TRAVEL EXPENSES TO HHC						
1.00	HOME HEALTH AGENCY	101.00	0	7,945	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	O		0	7,945		
H - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	54,797	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,261	2.00	
	O		0	78,058		
I - PT DIRECTOR SLARY TO OT						
1.00	OCCUPATIONAL THERAPY	67.00	36,569	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	14,542	0	2.00	
	O		51,111	0		
J - BIO-MED COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERA	5.05	0	419	1.00	
2.00	PHARMACY	15.00	0	19,469	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	4,831	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	5,101	4.00	
5.00	SUBPROVIDER - IPF	40.00	0	372	5.00	
6.00	NURSERY	43.00	0	2,003	6.00	
7.00	OPERATING ROOM	50.00	0	60,014	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,334	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	416	9.00	
10.00	LABORATORY	60.00	0	4,424	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	10,664	11.00	
12.00	PHYSICAL THERAPY	66.00	0	1,499	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	6,276	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	11,413	14.00	
16.00	PROVIDER BASED CLINICS	90.01	0	34,150	16.00	
17.00	EMERGENCY	91.00	0	6,211	17.00	
	O		0	169,596		

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - HOUSEKEEPING RECLASS						
1.00	DATA PROCESSING	5.02	1,077	82	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	14,863	1,137	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	14,917	1,141	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	8,953	685	4.00	
5.00	OPERATION OF PLANT	7.00	14,760	1,129	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	3,691	282	6.00	
7.00	ULTRA SOUND	54.01	1,582	121	7.00	
8.00	LABORATORY	60.00	1,741	133	8.00	
9.00	PHYSICAL THERAPY	66.00	6,934	530	9.00	
10.00	OCCUPATIONAL THERAPY	67.00	6,934	530	10.00	
11.00	SPEECH PATHOLOGY	68.00	885	68	11.00	
12.00	ELECTROCARDIOLOGY	69.00	5,419	415	12.00	
13.00	ELECTROENCEPHALOGRAPHY	70.00	2,536	194	13.00	
14.00	PROVIDER BASED CLINICS	90.01	108,257	8,282	14.00	
	O		192,549	14,729		
L - RECLASS UR COSTS						
1.00	UTILIZATION REVIEW	17.01	211,316	16,166	1.00	
2.00		0.00	0	0	2.00	
	O		211,316	16,166		
M - MEDICAL DIRECTORS COSTS						
1.00	UTILIZATION REVIEW	17.01	2,662	0	1.00	
	O		2,662	0		
N - LEASE COSTS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,268,289	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	
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	
	O		0	1,268,289		
P - PHYSICIAN METING TIME						
1.00	MEDICAL RECORDS & LIBRARY	16.00	127,914	0	1.00	
2.00		0.00	0	0	2.00	
	O		127,914	0		
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	PROVIDER BASED CLINICS	90.01	0	61,246	1.00	
	O		0	61,246		
R - RESIDENCY COSTS						
1.00	I&R SERVICES-SALARY & FRINGES A	21.00	0	609,576	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	289,828	0	2.00	
3.00		0.00	0	0	3.00	
	O		289,828	609,576		
S - RECLASS CODERS SALARIES						
1.00	PROVIDER BASED CLINICS	90.01	618,014	47,278	1.00	
	O		618,014	47,278		
T - RECLASS CARDIAC CATH LAB SALARIES						
1.00	CARDIAC CATHETERIZATION	59.00	306,731	140,923	1.00	
	O		306,731	140,923		
U - RECLASS EKG SALARIES						
1.00	ELECTROCARDIOLOGY	69.00	107,737	73,030	1.00	
	O		107,737	73,030		
V - RECLASS BILLERS SALARIES						
1.00	PROVIDER BASED CLINICS	90.01	430,171	906,887	1.00	
	O		430,171	906,887		
W - RECLASS PATIENT ADVOCATE SALARY						
1.00	SOCIAL SERVICE	17.00	66,646	5,098	1.00	
	O		66,646	5,098		

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	X - MOVEABLE EQUIPMENT				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,636,551	1.00
	0		0	1,636,551	
500.00	Grand Total: Increases		2,893,297	13,670,746	500.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - DIETARY TO CAFETERIA						
1.00	DIETARY	10.00	194,556	597,249	0	1.00
	O		194,556	597,249		
B - LABOR & DELIVERY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	83,600	20,394	0	1.00
	O		83,600	20,394		
C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	842,198	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	O		0	842,198		
D - COMMUNICATIONS EXPENSE						
1.00	DATA PROCESSING	5.02	210,462	376,986	0	1.00
	O		210,462	376,986		
E - RECLASS BILLABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,629,015	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	7,042	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,730	0	3.00
4.00	SUBPROVIDER - IPF	40.00	0	28	0	4.00
5.00	NURSERY	43.00	0	7	0	5.00
6.00	OPERATING ROOM	50.00	0	173,244	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	39,574	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4	0	8.00
9.00	ULTRA SOUND	54.01	0	117	0	9.00
10.00	LABORATORY	60.00	0	602	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	55,997	0	11.00
12.00	PHYSICAL THERAPY	66.00	0	35,005	0	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	1,361	0	13.00
14.00	SPEECH PATHOLOGY	68.00	0	43,951	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	1,156,496	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,630	0	16.00
17.00	PROVIDER BASED CLINICS	90.01	0	35,916	0	17.00
18.00	EMERGENCY	91.00	0	8,562	0	18.00
19.00	HOME HEALTH AGENCY	101.00	0	4,387	0	19.00
	O		0	5,195,668		
F - RECLASS BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	1,602,879	0	1.00
	O		0	1,602,879		
G - TRAVEL EXPENSES TO HHC						
1.00	PHYSICAL THERAPY	66.00	0	6,697	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	679	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0	569	0	3.00
	O		0	7,945		
H - PROPERTY INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	78,058	12	1.00
2.00		0.00	0	0	12	2.00
	O		0	78,058		
I - PT DIRECTOR SLARY TO OT						
1.00	PHYSICAL THERAPY	66.00	51,111	0	0	1.00
2.00		0.00	0	0	0	2.00
	O		51,111	0		
J - BIO-MED COSTS						
1.00	OPERATION OF PLANT	7.00	0	169,596	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
	O		0	169,596		
K - HOUSEKEEPING RECLASS						
1.00	HOUSEKEEPING	9.00	192,549	14,729	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
4.00	0.00	0	0	0		4.00	
5.00	0.00	0	0	0		5.00	
6.00	0.00	0	0	0		6.00	
7.00	0.00	0	0	0		7.00	
8.00	0.00	0	0	0		8.00	
9.00	0.00	0	0	0		9.00	
10.00	0.00	0	0	0		10.00	
11.00	0.00	0	0	0		11.00	
12.00	0.00	0	0	0		12.00	
13.00	0.00	0	0	0		13.00	
14.00	0.00	0	0	0		14.00	
0		192,549	14,729				
L - RECLASS UR COSTS							
1.00	MEDICAL RECORDS & LIBRARY	16.00	47,985	3,671	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	163,331	12,495	0	2.00	
0			211,316	16,166			
M - MEDICAL DIRECTORS COSTS							
1.00	PROVIDER BASED CLINICS	90.01	2,662	0	0	1.00	
0			2,662	0			
N - LEASE COSTS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	182,048	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	55,704	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,540	0	3.00	
4.00	PHARMACY	15.00	0	161,247	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	7,267	0	5.00	
6.00	OPERATING ROOM	50.00	0	241,074	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	6,494	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,386	0	8.00	
9.00	ULTRA SOUND	54.01	0	23,029	0	9.00	
10.00	LABORATORY	60.00	0	90,559	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	1,888	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	31,292	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	225,295	0	13.00	
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	859	0	14.00	
15.00	PROVIDER BASED CLINICS	90.01	0	192,717	0	15.00	
16.00	HOME HEALTH AGENCY	101.00	0	31,890	0	16.00	
0			0	1,268,289			
P - PHYSICIAN MEETING TIME							
1.00	PROVIDER BASED CLINICS	90.01	123,773	0	0	1.00	
2.00	EMERGENCY	91.00	4,141	0	0	2.00	
0			127,914	0			
Q - PHYSICIAN PRACTICE AMORTIZATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	61,246	9	1.00	
0			0	61,246			
R - RESIDENCY COSTS							
1.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	0	609,576	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	21,138	0	0	2.00	
3.00	PROVIDER BASED CLINICS	90.01	268,690	0	0	3.00	
0			289,828	609,576			
S - RECLASS CODERS SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	618,014	47,278	0	1.00	
0			618,014	47,278			
T - RECLASS CARDIAC CATH LAB SALARIES							
1.00	ELECTROCARDIOLOGY	69.00	306,731	140,923	0	1.00	
0			306,731	140,923			
U - RECLASS EKG SALARIES							
1.00	RESPIRATORY THERAPY	65.00	107,737	73,030	0	1.00	
0			107,737	73,030			
V - RECLASS BILLERS SALARIES							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	430,171	906,887	0	1.00	
0			430,171	906,887			
W - RECLASS PATIENT ADVOCATE SALARY							
1.00	NURSING ADMINISTRATION	13.00	66,646	5,098	0	1.00	
0			66,646	5,098			
X - MOVEABLE EQUIPMENT							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,636,551	9	1.00	
0			0	1,636,551			
500.00	Grand Total: Decreases		2,893,297	13,670,746		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

	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	2,129,972	0	0	0	1.00
2.00	Land Improvements	4,800,500	486,498	0	486,498	2.00
3.00	Buildings and Fixtures	47,494,935	573,640	0	573,640	3.00
4.00	Building Improvements	19,000	0	0	0	4.00
5.00	Fixed Equipment	30,830,290	564,391	0	564,391	5.00
6.00	Movable Equipment	36,196,790	920,067	0	920,067	6.00
7.00	HIT designated Assets	204,831	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	121,676,318	2,544,596	0	2,544,596	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	121,676,318	2,544,596	0	2,544,596	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,129,972	0			1.00
2.00	Land Improvements	5,286,998	0			2.00
3.00	Buildings and Fixtures	47,720,118	0			3.00
4.00	Building Improvements	19,000	0			4.00
5.00	Fixed Equipment	30,154,408	0			5.00
6.00	Movable Equipment	36,008,280	0			6.00
7.00	HIT designated Assets	204,831	0			7.00
8.00	Subtotal (sum of lines 1-7)	121,523,607	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	121,523,607	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	5,890,541	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,890,541	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	5,890,541				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,890,541				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	85,310,496	0	85,310,496	0.702008	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	36,213,111	0	36,213,111	0.297992	0	2.00
3.00	Total (sum of lines 1-2)	121,523,607	0	121,523,607	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,192,744	-337,130	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,636,551	1,268,289	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,829,295	931,159	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	293,996	54,797	0	0	4,204,407	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	60,783	23,261	0	0	2,988,884	2.00
3.00	Total (sum of lines 1-2)	354,779	78,058	0	0	7,193,291	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-291,022	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-60,168	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-14,976	PURCAHSING RECEIVING AND STORES	5.03	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	-27,515	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	7.00
8.00 Television and radio service (chapter 21)	A	-21,032	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-24,086,471			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	-386,710	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-56,133	MEDICAL RECORDS & LIBRARY	16.00	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00

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
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00		0			0.00	0	33.00
33.01 MISC REV	B	44,481	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	33.01
35.00 NON ALLOWABLE A&G	A	-416,193	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	35.00
36.00 EMS TUITION	B	-1,180	EMERGENCY		91.00	0	36.00
36.01 EDUCATION REV (LIFE SUPPORT)	B	-17,958	NURSING ADMINISTRATION		13.00	0	36.01
37.00 SALE OF RADIOLOGY COPIES	B	-1,385	RADIOLOGY-DIAGNOSTIC		54.00	0	37.00
38.00 NON ALLOW ADVERTISING	A	-91,407	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	38.00
39.00 REBATE REVENUE	B	-33,171	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	39.00
40.00 GRANT REVENUE	B	-152,500	NURSING ADMINISTRATION		13.00	0	40.00
40.01 RENTAL REVENUE	B	-337,130	CAP REL COSTS-BLDG & FIXT		1.00	10	40.01
40.02 OFFSET AHA & IHA LOBBYING DUES	A	-34,575	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	40.02
41.00 EMPLOYEE PHYSICALS	A	-66,997	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	41.00
42.00 PHYSICIAN RECRUITMENT COSTS	A	-126,420	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	42.00
43.00 IPA TAX	A	-2,646,011	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	43.00
44.00 LEE COUNTY CAFETERIA REVENUE	B	-2,798	DIETARY		10.00	0	44.00
44.01 INTEREST INCOME	A	-67,769	OTHER ADMINISTRATIVE AND GENERAL		5.05	0	44.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,895,040					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: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/31/2016 4:05 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	60.00	LABORATORY	648,062	434,202	213,860	208,000	1,372	1.00
2.00	53.00	ANESTHESIOLOGY	1,847,597	1,847,597	0	167,500	0	2.00
3.00	65.00	RESPIRATORY THERAPY	1,200	1,200	0	159,800	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	20,080,041	19,822,452	257,589	159,800	1,896	4.00
5.00	91.00	EMERGENCY	2,165,742	1,101,466	1,064,276	159,800	4,285	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			24,742,642	23,206,917	1,535,725		7,553	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	60.00	LABORATORY	137,200	6,860	5,425	1,790	6,348	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	3,185	0	53,078	2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	145,664	7,283	176,627	2,266	521,454	4.00
5.00	91.00	EMERGENCY	329,203	16,460	17,625	8,661	45,996	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			612,067	30,603	202,862	12,717	626,876	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	60.00	LABORATORY	2,095	141,085	72,775	506,977		1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	1,847,597		2.00
3.00	65.00	RESPIRATORY THERAPY	0	0	0	1,200		3.00
4.00	90.01	PROVIDER BASED CLINICS	6,689	154,619	102,970	19,925,422		4.00
5.00	91.00	EMERGENCY	22,603	360,467	703,809	1,805,275		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			31,387	656,171	879,554	24,086,471		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,204,407	4,204,407			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,988,884		2,988,884		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,473,767	45,497	11,075	16,530,339	4.00
5.01 00540	NONPATIENT TELEPHONES	587,448	4,990	0	56,585	649,023 5.01
5.02 00590	DATA PROCESSING	4,413,900	78,062	456,963	151,716	25,468 5.02
5.03 00591	PURCAHSING RECEIVING AND STORES	796,983	121,013	16,085	115,459	8,215 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	2,244,454	122,602	8,370	415,135	47,650 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	6,214,385	126,807	122,642	626,216	36,970 5.05
7.00 00700	OPERATION OF PLANT	3,187,799	1,284,463	107,876	221,235	32,862 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	321,647	1,843	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,107,581	39,907	1,236	159,959	4,108 9.00
10.00 01000	DIETARY	850,655	45,466	3,905	202,222	13,145 10.00
11.00 01100	CAFETERIA	405,095	36,770	23,015	52,308	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,062,427	23,217	261,796	438,015	12,323 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,161	6,894	727	0	1,643 14.00
15.00 01500	PHARMACY	2,566,320	24,490	72,774	212,242	9,037 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,303,411	49,560	30,127	310,578	23,003 16.00
17.00 01700	SOCIAL SERVICE	71,744	0	0	17,918	0 17.00
17.01 01701	UTILIZATION REVIEW	230,144	1,385	0	57,530	2,465 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	837,404	0	0	61,254	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,561,671	41,841	11,329	309,334	21,360 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,448,512	313,530	148,063	1,044,624	58,330 30.00
31.00 03100	INTENSIVE CARE UNIT	1,313,998	51,423	63,869	309,813	4,929 31.00
40.00 04000	SUBPROVIDER - IPF	1,155,592	89,100	0	282,251	9,859 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	394,765	5,387	7,344	89,415	1,643 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,517,273	179,972	535,995	485,844	32,862 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	106,328	12,769	5,990	22,477	822 52.00
53.00 05300	ANESTHESIOLOGY	233,716	723	30,438	382,726	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,467,029	64,244	251,659	323,598	20,539 54.00
54.01 05401	ULTRA SOUND	411,595	3,228	4,891	93,006	1,643 54.01
57.00 05700	CT SCAN	359,587	5,855	298	32,767	1,643 57.00
58.00 05800	MRI	353,724	4,898	12,351	46,102	1,643 58.00
59.00 05900	CARDIAC CATHETERIZATION	447,654	90,566	38,481	82,467	6,572 59.00
60.00 06000	LABORATORY	4,576,357	54,417	219,204	663,342	23,003 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	816,646	23,757	67,720	185,077	7,394 65.00
66.00 06600	PHYSICAL THERAPY	1,718,419	90,770	35,882	384,950	13,966 66.00
67.00 06700	OCCUPATIONAL THERAPY	338,728	0	435	75,008	2,465 67.00
68.00 06800	SPEECH PATHOLOGY	336,132	17,840	1,532	83,204	3,286 68.00
69.00 06900	ELECTROCARDIOLOGY	1,101,750	1,426	126,453	197,857	1,643 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	282,939	16,618	14,311	65,066	1,643 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	4,220,403	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	136,829	29,856	8,239	27,968	5,751 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	986,678	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,448,001	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	12,533,596	908,809	238,625	7,103,089	174,168 90.01
91.00 09100	EMERGENCY	2,755,145	88,917	47,759	1,004,238	25,468 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	650,985	68,744	1,425	137,744	9,859 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100,559,668	4,177,656	2,988,884	16,530,339	647,380 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	15,468	0	0	1,643 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
194.01	07951	I HAP	0	11,283	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	100,559,668	4,204,407	2,988,884	16,530,339	649,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:05 pm		
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00590	DATA PROCESSING	5,126,109					5.02
5.03	00591	PURCHASING RECEIVING AND STORES	70,462	1,128,217				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	287,720	1,812	3,127,743			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	252,489	12,477	0	7,391,986	7,391,986	5.05
7.00	00700	OPERATION OF PLANT	76,334	28,483	0	4,939,052	391,869	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	323,490	25,666	8.00
9.00	00900	HOUSEKEEPING	0	10,066	0	1,322,857	104,957	9.00
10.00	01000	DIETARY	46,975	567	0	1,162,935	92,268	10.00
11.00	01100	CAFETERIA	0	3,344	0	520,532	41,300	11.00
13.00	01300	NURSING ADMINISTRATION	229,001	4,837	0	3,031,616	240,531	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,744	0	0	38,169	3,028	14.00
15.00	01500	PHARMACY	76,334	1,094	0	2,962,291	235,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	193,770	3,724	0	2,914,173	231,213	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	89,662	7,114	17.00
17.01	01701	UTILIZATION REVIEW	23,487	0	0	315,011	24,993	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	898,658	71,300	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	70,462	5,460	0	2,021,457	160,384	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	305,335	24,694	168,592	6,511,680	516,643	30.00
31.00	03100	INTENSIVE CARE UNIT	76,334	7,922	56,557	1,884,845	149,545	31.00
40.00	04000	SUBPROVIDER - IPF	58,718	795	80,454	1,676,769	133,037	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,171	10,115	513,840	40,769	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	240,745	82,479	357,648	4,432,818	351,704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,596	12,715	162,697	12,909	52.00
53.00	05300	ANESTHESIOLOGY	0	8,114	44,814	700,531	55,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152,668	24,083	109,720	3,413,540	270,834	54.00
54.01	05401	ULTRA SOUND	0	2,100	53,853	570,316	45,249	54.01
57.00	05700	CT SCAN	5,872	8,512	261,860	676,394	53,666	57.00
58.00	05800	MRI	5,872	14,222	108,010	546,822	43,385	58.00
59.00	05900	CARDIAC CATHETERIZATION	93,949	52,317	207,872	1,019,878	80,918	59.00
60.00	06000	LABORATORY	176,155	159,471	351,696	6,223,645	493,790	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	93,949	10,380	103,645	1,308,568	103,823	65.00
66.00	06600	PHYSICAL THERAPY	229,001	7,793	95,242	2,576,023	204,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	243	16,582	433,461	34,391	67.00
68.00	06800	SPEECH PATHOLOGY	17,615	5,277	10,628	475,514	37,728	68.00
69.00	06900	ELECTROCARDIOLOGY	35,231	110,508	78,652	1,653,520	131,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,615	1,935	44,728	444,855	35,295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	385,749	300,065	4,906,217	389,264	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	35,231	59	7,191	251,124	19,924	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	32,767	1,019,445	80,884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,723	415,742	2,890,466	229,332	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,972,937	90,491	0	23,021,715	1,826,538	90.01
91.00	09100	EMERGENCY	176,155	22,185	184,502	4,304,369	341,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	93,949	3,534	14,093	980,333	77,781	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	5,126,109	1,128,217	3,127,743	100,531,274	7,389,733	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	17,111	1,358	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	07951	IHAP	0	0	0	11,283	895	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00	20000	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	20100	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:05 pm
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5A.04	5.05	
202.00 TOTAL (sum lines 118-201)	5,126,109	1,128,217	3,127,743	100,559,668	7,391,986	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:05 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
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	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00590	DATA PROCESSING					5.02	
5.03	00591	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	5,330,921				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	4,058	353,214			8.00	
9.00	00900	HOUSEKEEPING	87,873	0	1,515,687		9.00	
10.00	01000	DIETARY	100,116	0	11,423	1,366,742	10.00	
11.00	01100	CAFETERIA	80,967	0	26,416	0	669,215	11.00
13.00	01300	NURSING ADMINISTRATION	51,123	0	11,423	0	27,884	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,180	0	19,276	0	0	14.00
15.00	01500	PHARMACY	53,926	0	18,562	0	15,491	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	109,130	0	44,978	0	13,942	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	1,549	17.00
17.01	01701	UTILIZATION REVIEW	3,049	0	1,428	0	4,647	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	7,746	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	92,134	0	0	0	18,589	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	690,385	107,899	299,139	672,088	94,496	30.00
31.00	03100	INTENSIVE CARE UNIT	113,233	18,045	59,971	76,601	21,688	31.00
40.00	04000	SUBPROVIDER - IPF	196,196	10,250	49,262	214,355	24,786	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	11,861	6,570	7,853	0	4,647	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	396,293	82,798	237,741	26,643	54,219	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,118	3,865	17,848	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,592	0	0	0	6,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	141,463	7,142	54,973	0	26,335	54.00
54.01	05401	ULTRA SOUND	7,108	3,488	2,856	0	6,196	54.01
57.00	05700	CT SCAN	12,893	16,963	5,711	0	3,098	57.00
58.00	05800	MRI	10,785	6,997	4,998	0	4,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,425	11,588	16,421	0	3,098	59.00
60.00	06000	LABORATORY	119,825	0	44,978	0	51,121	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	52,311	0	64,968	0	10,844	65.00
66.00	06600	PHYSICAL THERAPY	199,873	12,856	45,692	0	26,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	14,279	0	6,196	67.00
68.00	06800	SPEECH PATHOLOGY	39,284	0	7,139	0	6,196	68.00
69.00	06900	ELECTROCARDIOLOGY	3,139	0	3,570	0	23,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,593	0	7,139	0	3,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	65,742	0	12,137	0	3,098	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,001,177	0	215,609	0	136,323	90.01
91.00	09100	EMERGENCY	195,792	64,753	189,907	0	48,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	151,373	0	9,281	0	15,491	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,272,017	353,214	1,504,978	989,687	669,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	34,060	0	10,709	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	377,055	0	194.00
194.01	07951	I HAP	24,844	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,330,921	353,214	1,515,687	1,366,742	669,215	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	3,362,577					13.00
14.00	01400	0	75,653				14.00
15.00	01500	0	0	3,285,301			15.00
16.00	01600	0	0	42	3,313,478		16.00
17.00	01700	0	0	0	0	98,325	17.00
17.01	01701	0	0	0	0	0	17.01
21.00	02100	42,703	0	0	0	0	21.00
22.00	02200	102,312	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	555,563	0	1,684	356,883	57,277	30.00
31.00	03100	130,415	0	395	144,804	10,182	31.00
40.00	04000	143,616	0	117	248,027	26,026	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	29,314	0	0	31,131	4,840	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	314,150	0	2,382	294,238	0	50.00
52.00	05200	1,225	0	42	35,602	0	52.00
53.00	05300	32,600	0	0	45,043	0	53.00
54.00	05400	0	0	9,613	33,662	0	54.00
54.01	05401	0	0	91	17,929	0	54.01
57.00	05700	0	0	391	144,319	0	57.00
58.00	05800	0	0	574	21,616	0	58.00
59.00	05900	0	0	1,897	151,852	0	59.00
60.00	06000	0	0	205	270,236	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	77,448	0	28,690	228,123	0	65.00
66.00	06600	0	0	764	23,128	0	66.00
67.00	06700	0	0	0	6,028	0	67.00
68.00	06800	0	0	0	4,171	0	68.00
69.00	06900	136,338	0	0	44,753	0	69.00
70.00	07000	17,120	0	0	4,040	0	70.00
71.00	07100	18,872	75,653	0	396,399	0	71.00
71.01	07101	0	0	0	16,684	0	71.01
72.00	07200	0	0	0	19,207	0	72.00
73.00	07300	0	0	1,510,505	683,390	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,387,639	0	0	0	0	90.00
90.01	09001	0	0	937,139	0	0	90.01
91.00	09100	285,023	0	1,205	92,213	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	88,239	0	34	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00	11800	3,362,577	75,653	2,495,770	3,313,478	98,325	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	789,531	0	0	194.02
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012			Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:05 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
202.00	TOTAL (sum lines 118-201)	3,362,577	75,653	3,285,301	3,313,478	98,325	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.01	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
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00590	DATA PROCESSING					5.02
5.03 00591	PURCHASING RECEIVING AND STORES					5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
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
17.01 01701	UTILIZATION REVIEW	349,128				17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	1,020,407			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		2,394,876		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	203,379	808,393	1,897,282	12,772,791	-2,705,675
31.00 03100	INTENSIVE CARE UNIT	36,153	143,701	337,264	3,126,842	-480,965
40.00 04000	SUBPROVIDER - IPF	92,410	0	0	2,814,851	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	17,186	68,313	160,330	896,654	-228,643
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	6,192,986	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	262,306	0
53.00 05300	ANESTHESIOLOGY	0	0	0	841,543	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,957,562	0
54.01 05401	ULTRA SOUND	0	0	0	653,233	0
57.00 05700	CT SCAN	0	0	0	913,435	0
58.00 05800	MRI	0	0	0	639,824	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,485,077	0
60.00 06000	LABORATORY	0	0	0	7,203,800	0
60.01 06002	BLOOD BANK	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	1,874,775	0
66.00 06600	PHYSICAL THERAPY	0	0	0	3,089,055	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	494,355	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	570,032	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,995,749	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	548,140	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	5,786,405	0
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	368,709	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,119,536	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,313,693	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	1,387,639	0
90.01 09001	PROVIDER BASED CLINICS	0	0	0	28,138,501	0
91.00 09100	EMERGENCY	0	0	0	5,522,797	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	1,322,532	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,128	1,020,407	2,394,876	99,292,822	-3,415,283
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	63,238	0
194.00 07950	MEALS ON WHEELS	0	0	0	377,055	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALA RY & FRINGES A	SERVICES-OTHE R PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
194.01	07951	I HAP	0	0	0	37,022	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	789,531	0	194.02
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	349,128	1,020,407	2,394,876	100,559,668	-3,415,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/31/2016 4:05 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00590	DATA PROCESSING		5.02
5.03	00591	PURCAHSING RECEIVING AND STORES		5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERA		5.05
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
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
17.01	01701	UTILIZATION REVIEW		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	10,067,116	30.00
31.00	03100	INTENSIVE CARE UNIT	2,645,877	31.00
40.00	04000	SUBPROVIDER - IPF	2,814,851	40.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	668,011	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	6,192,986	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,306	52.00
53.00	05300	ANESTHESIOLOGY	841,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,957,562	54.00
54.01	05401	ULTRA SOUND	653,233	54.01
57.00	05700	CT SCAN	913,435	57.00
58.00	05800	MRI	639,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,485,077	59.00
60.00	06000	LABORATORY	7,203,800	60.00
60.01	06002	BLOOD BANK	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,874,775	65.00
66.00	06600	PHYSICAL THERAPY	3,089,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	494,355	67.00
68.00	06800	SPEECH PATHOLOGY	570,032	68.00
69.00	06900	ELECTROCARDIOLOGY	1,995,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	548,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,786,405	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	368,709	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,119,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,313,693	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,387,639	90.00
90.01	09001	PROVIDER BASED CLINICS	28,138,501	90.01
91.00	09100	EMERGENCY	5,522,797	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	99.00
101.00	10100	HOME HEALTH AGENCY	1,322,532	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	95,877,539	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	63,238	190.00
194.00	07950	MEALS ON WHEELS	377,055	194.00
194.01	07951	I HAP	37,022	194.01
194.02	07952	RETAIL PHARMACY	789,531	194.02
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	97,144,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm
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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	45,497	11,075	56,572	4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,990	0	4,990	5.01
5.02 00590	DATA PROCESSING	0	78,062	456,963	535,025	5.02
5.03 00591	PURCHASING RECEIVING AND STORES	0	121,013	16,085	137,098	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	122,602	8,370	130,972	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	126,807	122,642	249,449	5.05
7.00 00700	OPERATION OF PLANT	0	1,284,463	107,876	1,392,339	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,843	0	1,843	8.00
9.00 00900	HOUSEKEEPING	0	39,907	1,236	41,143	9.00
10.00 01000	DIETARY	0	45,466	3,905	49,371	10.00
11.00 01100	CAFETERIA	0	36,770	23,015	59,785	11.00
13.00 01300	NURSING ADMINISTRATION	0	23,217	261,796	285,013	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	6,894	727	7,621	14.00
15.00 01500	PHARMACY	0	24,490	72,774	97,264	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	49,560	30,127	79,687	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	UTILIZATION REVIEW	0	1,385	0	1,385	17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	41,841	11,329	53,170	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	313,530	148,063	461,593	30.00
31.00 03100	INTENSIVE CARE UNIT	0	51,423	63,869	115,292	31.00
40.00 04000	SUBPROVIDER - IPF	0	89,100	0	89,100	40.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	5,387	7,344	12,731	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	179,972	535,995	715,967	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	12,769	5,990	18,759	52.00
53.00 05300	ANESTHESIOLOGY	0	723	30,438	31,161	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	64,244	251,659	315,903	54.00
54.01 05401	ULTRA SOUND	0	3,228	4,891	8,119	54.01
57.00 05700	CT SCAN	0	5,855	298	6,153	57.00
58.00 05800	MRI	0	4,898	12,351	17,249	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	90,566	38,481	129,047	59.00
60.00 06000	LABORATORY	0	54,417	219,204	273,621	60.00
60.01 06002	BLOOD BANK	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	23,757	67,720	91,477	65.00
66.00 06600	PHYSICAL THERAPY	0	90,770	35,882	126,652	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	435	435	67.00
68.00 06800	SPEECH PATHOLOGY	0	17,840	1,532	19,372	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,426	126,453	127,879	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	16,618	14,311	30,929	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	29,856	8,239	38,095	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	908,809	238,625	1,147,434	90.01
91.00 09100	EMERGENCY	0	88,917	47,759	136,676	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	68,744	1,425	70,169	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,177,656	2,988,884	7,166,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	15,468	0	15,468	190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	194.00
194.01 07951	IHAP	0	11,283	0	11,283	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	4,204,407	2,988,884	7,193,291	56,572	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm	
Cost Center	Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00540	5,184						5.01
5.02	00590	203	535,747					5.02
5.03	00591	66	7,364	144,923				5.03
5.04	00550	381	30,071	233	163,078			5.04
5.05	00560	295	26,388	1,603	0	279,878		5.05
7.00	00700	262	7,978	3,659	0	14,837		7.00
8.00	00800	0	0	0	0	972		8.00
9.00	00900	33	0	1,293	0	3,974		9.00
10.00	01000	105	4,909	73	0	3,493		10.00
11.00	01100	0	0	430	0	1,564		11.00
13.00	01300	98	23,934	621	0	9,107		13.00
14.00	01400	13	1,227	0	0	115		14.00
15.00	01500	72	7,978	140	0	8,899		15.00
16.00	01600	184	20,252	478	0	8,754		16.00
17.00	01700	0	0	0	0	269		17.00
17.01	01701	20	2,455	0	0	946		17.01
21.00	02100	0	0	0	0	2,700		21.00
22.00	02200	171	7,364	701	0	6,072		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	466	31,912	3,172	8,785	19,561		30.00
31.00	03100	39	7,978	1,018	2,947	5,662		31.00
40.00	04000	79	6,137	102	4,192	5,037		40.00
42.00	04200	0	0	0	0	0		42.00
43.00	04300	13	0	664	527	1,544		43.00
44.00	04400	0	0	0	0	0		44.00
45.00	04500	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	262	25,161	10,594	18,637	13,316		50.00
52.00	05200	7	0	205	663	489		52.00
53.00	05300	0	0	1,042	2,335	2,104		53.00
54.00	05400	164	15,956	3,093	5,717	10,254		54.00
54.01	05401	13	0	270	2,806	1,713		54.01
57.00	05700	13	614	1,093	13,645	2,032		57.00
58.00	05800	13	614	1,827	5,628	1,643		58.00
59.00	05900	52	9,819	6,720	10,832	3,064		59.00
60.00	06000	184	18,411	20,484	18,326	18,696		60.00
60.01	06002	0	0	0	0	0		60.01
65.00	06500	59	9,819	1,333	5,401	3,931		65.00
66.00	06600	112	23,934	1,001	4,963	7,738		66.00
67.00	06700	20	0	31	864	1,302		67.00
68.00	06800	26	1,841	678	554	1,428		68.00
69.00	06900	13	3,682	14,195	4,098	4,967		69.00
70.00	07000	13	1,841	248	2,331	1,336		70.00
71.00	07100	0	0	49,553	15,636	14,738		71.00
71.01	07101	46	3,682	8	375	754		71.01
72.00	07200	0	0	0	1,707	3,062		72.00
73.00	07300	0	0	3,433	21,761	8,683		73.00
75.00	07500	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	0	0	0	0	0		88.00
89.00	08900	0	0	0	0	0		89.00
90.00	09000	0	0	0	0	0		90.00
90.01	09001	1,392	206,196	11,624	0	69,162		90.01
91.00	09100	203	18,411	2,850	9,614	12,930		91.00
92.00	09200							92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	0	0	0	0	0		99.00
101.00	10100	79	9,819	454	734	2,945		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300							113.00
116.00	11600	0	0	0	0	0		116.00
118.00		5,171	535,747	144,923	163,078	279,793		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	13	0	0	0	51		190.00
194.00	07950	0	0	0	0	0		194.00
194.01	07951	0	0	0	0	34		194.01
194.02	07952	0	0	0	0	0		194.02
200.00								200.00
201.00		0	0	0	0	0		201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012			Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118-201)	5,184	535,747	144,923	163,078	279,878	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00590	DATA PROCESSING					5.02
5.03	00591	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	1,419,832				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,081	3,896			8.00
9.00	00900	HOUSEKEEPING	23,404	0	70,394		9.00
10.00	01000	DIETARY	26,665	0	531	85,839	10.00
11.00	01100	CAFETERIA	21,565	0	1,227	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,616	0	531	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,043	0	895	0	14.00
15.00	01500	PHARMACY	14,363	0	862	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,066	0	2,089	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	812	0	66	0	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	24,539	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	183,876	1,191	13,891	42,211	30.00
31.00	03100	INTENSIVE CARE UNIT	30,158	199	2,785	4,811	31.00
40.00	04000	SUBPROVIDER - IPF	52,255	113	2,288	13,463	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,159	72	365	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	105,548	913	11,042	1,673	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,489	43	829	0	52.00
53.00	05300	ANESTHESIOLOGY	424	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,677	79	2,553	0	54.00
54.01	05401	ULTRA SOUND	1,893	38	133	0	54.01
57.00	05700	CT SCAN	3,434	187	265	0	57.00
58.00	05800	MRI	2,873	77	232	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,115	128	763	0	59.00
60.00	06000	LABORATORY	31,914	0	2,089	0	60.00
60.01	06002	BLOOD BANK	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,933	0	3,017	0	65.00
66.00	06600	PHYSICAL THERAPY	53,234	142	2,122	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	663	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,463	0	332	0	68.00
69.00	06900	ELECTROCARDIOLOGY	836	0	166	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,746	0	332	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	17,510	0	564	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	532,989	0	10,014	0	90.01
91.00	09100	EMERGENCY	52,147	714	8,820	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	40,317	0	431	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,404,144	3,896	69,897	62,158	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	9,071	0	497	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	23,681	194.00
194.01	07951	IHAP	6,617	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,419,832	3,896	70,394	85,839	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm		
Cost Center Description		NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00540					5.01
5.02	00590					5.02
5.03	00591					5.03
5.04	00550					5.04
5.05	00560					5.05
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	337,950				13.00
14.00	01400		13,914			14.00
15.00	01500			132,266		15.00
16.00	01600				143,341	16.00
17.00	01700					17.00
17.01	01701					17.01
21.00	02100	4,292				21.00
22.00	02200	10,283				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	55,836		68	15,444	307
31.00	03100	13,107		16	6,266	54
40.00	04000	14,434		5	10,733	139
42.00	04200					
43.00	04300	2,946			1,347	26
44.00	04400					
45.00	04500					
ANCILLARY SERVICE COST CENTERS						
50.00	05000	31,573		96	12,733	
52.00	05200	123		2	1,541	
53.00	05300	3,276			1,949	
54.00	05400			387	1,457	
54.01	05401			4	776	
57.00	05700			16	6,245	
58.00	05800			23	935	
59.00	05900			76	6,571	
60.00	06000			8	11,695	
60.01	06002					
65.00	06500	7,784		1,155	9,872	
66.00	06600			31	1,001	
67.00	06700				261	
68.00	06800				181	
69.00	06900	13,702			1,937	
70.00	07000	1,721			175	
71.00	07100	1,897	13,914		17,154	
71.01	07101				722	
72.00	07200				831	
73.00	07300			60,811	29,524	
75.00	07500					
OUTPATIENT SERVICE COST CENTERS						
88.00	08800					
89.00	08900					
90.00	09000	139,462				
90.01	09001			37,729		
91.00	09100	28,646		49	3,991	
92.00	09200					
OTHER REIMBURSABLE COST CENTERS						
99.00	09900					
101.00	10100	8,868		1		
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
116.00	11600					116.00
118.00		337,950	13,914	100,479	143,341	526
NONREIMBURSABLE COST CENTERS						
190.00	19000					190.00
194.00	07950					194.00
194.01	07951					194.01
194.02	07952			31,787		194.02
200.00						200.00
201.00						201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012			Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
202.00	TOTAL (sum lines 118-201)	337,950	13,914	132,266	143,341	526		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm
Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
	17.01	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00590	DATA PROCESSING				5.02
5.03 00591	PURCHASING RECEIVING AND STORES				5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
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
17.01 01701	UTILIZATION REVIEW	6,470			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	8,183		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		105,713	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	3,769		857,624	0 30.00
31.00 03100	INTENSIVE CARE UNIT	670		194,809	0 31.00
40.00 04000	SUBPROVIDER - IPF	1,713		203,895	0 40.00
42.00 04200	SUBPROVIDER	0		0	0 42.00
43.00 04300	NURSERY	318		24,607	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0 44.00
45.00 04500	NURSING FACILITY	0		0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0		956,043	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		30,227	0 52.00
53.00 05300	ANESTHESIOLOGY	0		44,386	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		397,682	0 54.00
54.01 05401	ULTRA SOUND	0		16,868	0 54.01
57.00 05700	CT SCAN	0		34,201	0 57.00
58.00 05800	MRI	0		31,861	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0		220,861	0 59.00
60.00 06000	LABORATORY	0		404,172	0 60.00
60.01 06002	BLOOD BANK	0		0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0		149,787	0 65.00
66.00 06600	PHYSICAL THERAPY	0		225,582	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0		4,618	0 67.00
68.00 06800	SPEECH PATHOLOGY	0		35,945	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0		175,095	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		49,287	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0		112,892	0 71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0		62,244	0 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		5,600	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		124,212	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0		0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0		0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0 89.00
90.00 09000	CLINIC	0		139,462	0 90.00
90.01 09001	PROVIDER BASED CLINICS	0		2,058,114	0 90.01
91.00 09100	EMERGENCY	0		284,569	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.00 09900	CMHC	0		0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0		136,250	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0		0	113.00
116.00 11600	HOSPICE	0		0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,470	0	6,980,893	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0		25,100	0 190.00
194.00 07950	MEALS ON WHEELS	0		23,681	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description			UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
			17.01	21.00	22.00	24.00	25.00	
194.01	07951	I HAP	0			17,934	0	194.01
194.02	07952	RETAIL PHARMACY	0			31,787	0	194.02
200.00		Cross Foot Adjustments		8,183	105,713	113,896	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,470	8,183	105,713	7,193,291	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/31/2016 4:05 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00590 DATA PROCESSING		5.02
5.03	00591 PURCHASING RECEIVING AND STORES		5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERA		5.05
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
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
17.01	01701 UTILIZATION REVIEW		17.01
21.00	02100 I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS A		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	857,624	30.00
31.00	03100 INTENSIVE CARE UNIT	194,809	31.00
40.00	04000 SUBPROVIDER - IPF	203,895	40.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	24,607	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	956,043	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	30,227	52.00
53.00	05300 ANESTHESIOLOGY	44,386	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	397,682	54.00
54.01	05401 ULTRA SOUND	16,868	54.01
57.00	05700 CT SCAN	34,201	57.00
58.00	05800 MRI	31,861	58.00
59.00	05900 CARDIAC CATHETERIZATION	220,861	59.00
60.00	06000 LABORATORY	404,172	60.00
60.01	06002 BLOOD BANK	0	60.01
65.00	06500 RESPIRATORY THERAPY	149,787	65.00
66.00	06600 PHYSICAL THERAPY	225,582	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,618	67.00
68.00	06800 SPEECH PATHOLOGY	35,945	68.00
69.00	06900 ELECTROCARDIOLOGY	175,095	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	49,287	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	112,892	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	62,244	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,600	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,212	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	139,462	90.00
90.01	09001 PROVIDER BASED CLINICS	2,058,114	90.01
91.00	09100 EMERGENCY	284,569	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
101.00	10100 HOME HEALTH AGENCY	136,250	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,980,893	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	25,100	190.00
194.00	07950 MEALS ON WHEELS	23,681	194.00
194.01	07951 IHAP	17,934	194.01
194.02	07952 RETAIL PHARMACY	31,787	194.02
200.00	Cross Foot Adjustments	113,896	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	7,193,291	202.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet B-1 Date/Time Prepared: 5/31/2016 4:05 pm
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Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,891				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,636,550			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,468	6,064	61,483,394		4.00
5.01 00540	NONPATIENT TELEPHONES	490	0	210,462	790	5.01
5.02 00590	DATA PROCESSING	7,666	250,208	564,296	31	873 5.02
5.03 00591	PURCHASING RECEIVING AND STORES	11,884	8,807	429,440	10	12 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	12,040	4,583	1,544,063	58	49 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	12,453	67,152	2,329,160	45	43 5.05
7.00 00700	OPERATION OF PLANT	126,140	59,067	822,866	40	13 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	181	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	3,919	677	594,955	5	0 9.00
10.00 01000	DIETARY	4,465	2,138	752,150	16	8 10.00
11.00 01100	CAFETERIA	3,611	12,602	194,556	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,280	143,345	1,629,163	15	39 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	677	398	0	2	2 14.00
15.00 01500	PHARMACY	2,405	39,847	789,416	11	13 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,867	16,496	1,155,172	28	33 16.00
17.00 01700	SOCIAL SERVICE	0	0	66,646	0	0 17.00
17.01 01701	UTILIZATION REVIEW	136	0	213,978	3	4 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	227,828	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	4,109	6,203	1,150,544	26	12 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,790	81,071	3,885,399	71	52 30.00
31.00 03100	INTENSIVE CARE UNIT	5,050	34,971	1,152,327	6	13 31.00
40.00 04000	SUBPROVIDER - IPF	8,750	0	1,049,809	12	10 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	529	4,021	332,572	2	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,674	293,483	1,807,059	40	41 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,254	3,280	83,600	1	0 52.00
53.00 05300	ANESTHESIOLOGY	71	16,666	1,423,521	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,309	137,795	1,203,597	25	26 54.00
54.01 05401	ULTRA SOUND	317	2,678	345,930	2	0 54.01
57.00 05700	CT SCAN	575	163	121,874	2	1 57.00
58.00 05800	MRI	481	6,763	171,474	2	1 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,894	21,070	306,731	8	16 59.00
60.00 06000	LABORATORY	5,344	120,024	2,467,250	28	30 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	2,333	37,080	688,379	9	16 65.00
66.00 06600	PHYSICAL THERAPY	8,914	19,647	1,431,790	17	39 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	238	278,988	3	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,752	839	309,469	4	3 68.00
69.00 06900	ELECTROCARDIOLOGY	140	69,239	735,912	2	6 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,632	7,836	242,009	2	3 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	2,932	4,511	104,023	7	6 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	89,249	130,658	26,419,473	212	336 90.01
91.00 09100	EMERGENCY	8,732	26,150	3,735,185	31	30 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	6,751	780	512,328	12	16 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	410,264	1,636,550	61,483,394	788	873 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	1,519	0	0	2	0 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
194.01	07951	I HAP	1,108	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,204,407	2,988,884	16,530,339	649,023	5,126,109	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.182850	1.826332	0.268859	821.548101	5,871.831615	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			56,572	5,184	535,747	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000920	6.562025	613.684994	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591	10,027,573					5.03
5.04	00550	16,102	330,598,119				5.04
5.05	00560	110,899	0	-7,391,986	93,167,682		5.05
7.00	00700	253,155	0	0	4,939,052	237,750	7.00
8.00	00800	0	0	0	323,490	181	8.00
9.00	00900	89,469	0	0	1,322,857	3,919	9.00
10.00	01000	5,042	0	0	1,162,935	4,465	10.00
11.00	01100	29,725	0	0	520,532	3,611	11.00
13.00	01300	42,987	0	0	3,031,616	2,280	13.00
14.00	01400	0	0	0	38,169	677	14.00
15.00	01500	9,720	0	0	2,962,291	2,405	15.00
16.00	01600	33,096	0	0	2,914,173	4,867	16.00
17.00	01700	0	0	0	89,662	0	17.00
17.01	01701	0	0	0	315,011	136	17.01
21.00	02100	0	0	0	898,658	0	21.00
22.00	02200	48,527	0	0	2,021,457	4,109	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	219,480	17,819,704	0	6,511,680	30,790	30.00
31.00	03100	70,415	5,977,895	0	1,884,845	5,050	31.00
40.00	04000	7,064	8,503,727	0	1,676,769	8,750	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	45,956	1,069,091	0	513,840	529	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	733,075	37,802,343	0	4,432,818	17,674	50.00
52.00	05200	14,184	1,343,887	0	162,697	1,254	52.00
53.00	05300	72,119	4,736,757	0	700,531	71	53.00
54.00	05400	214,048	11,597,062	0	3,413,540	6,309	54.00
54.01	05401	18,667	5,692,070	0	570,316	317	54.01
57.00	05700	75,651	27,677,841	0	676,394	575	57.00
58.00	05800	126,408	11,416,355	0	546,822	481	58.00
59.00	05900	464,992	21,971,478	0	1,019,878	8,894	59.00
60.00	06000	1,417,378	37,173,233	0	6,223,645	5,344	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	92,259	10,954,975	0	1,308,568	2,333	65.00
66.00	06600	69,260	10,066,750	0	2,576,023	8,914	66.00
67.00	06700	2,161	1,752,698	0	433,461	0	67.00
68.00	06800	46,899	1,123,303	0	475,514	1,752	68.00
69.00	06900	982,199	8,313,282	0	1,653,520	140	69.00
70.00	07000	17,194	4,727,625	0	444,855	1,632	70.00
71.00	07100	3,428,524	31,716,017	0	4,906,217	0	71.00
71.01	07101	521	760,065	0	251,124	2,932	71.01
72.00	07200	0	3,463,342	0	1,019,445	0	72.00
73.00	07300	237,518	43,947,678	0	2,890,466	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	804,285	0	0	23,021,715	89,249	90.01
91.00	09100	197,183	19,501,335	0	4,304,369	8,732	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	31,411	1,489,606	0	980,333	6,751	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		10,027,573	330,598,119	-7,391,986	93,139,288	235,123	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	17,111	1,519	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	11,283	1,108	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,128,217	3,127,743		7,391,986	5,330,921	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.112511	0.009461		0.079341	22.422381	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	144,923	163,078		279,878	1,419,832	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.014452	0.000493		0.003004	5.971954	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet B-1	
Date/Time Prepared: 5/31/2016 4:05 pm							
Cost Center	Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATIVE (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800	398,242					8.00
9.00	00900	0	2,123				9.00
10.00	01000	0	16	62,020			10.00
11.00	01100	0	37	0	432		11.00
13.00	01300	0	16	0	18	771,526	13.00
14.00	01400	0	27	0	0	0	14.00
15.00	01500	0	26	0	10	0	15.00
16.00	01600	0	63	0	9	0	16.00
17.00	01700	0	0	0	1	0	17.00
17.01	01701	0	2	0	3	0	17.01
21.00	02100	0	0	0	5	9,798	21.00
22.00	02200	0	0	0	12	23,475	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	121,653	419	30,498	61	127,471	30.00
31.00	03100	20,345	84	3,476	14	29,923	31.00
40.00	04000	11,557	69	9,727	16	32,952	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,408	11	0	3	6,726	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	93,353	333	1,209	35	72,080	50.00
52.00	05200	4,358	25	0	0	281	52.00
53.00	05300	0	0	0	4	7,480	53.00
54.00	05400	8,052	77	0	17	0	54.00
54.01	05401	3,933	4	0	4	0	54.01
57.00	05700	19,126	8	0	2	0	57.00
58.00	05800	7,889	7	0	3	0	58.00
59.00	05900	13,065	23	0	2	0	59.00
60.00	06000	0	63	0	33	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	91	0	7	17,770	65.00
66.00	06600	14,495	64	0	17	0	66.00
67.00	06700	0	20	0	4	0	67.00
68.00	06800	0	10	0	4	0	68.00
69.00	06900	0	5	0	15	31,282	69.00
70.00	07000	0	10	0	2	3,928	70.00
71.00	07100	0	0	0	0	4,330	71.00
71.01	07101	0	17	0	2	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	318,387	90.00
90.01	09001	0	302	0	88	0	90.01
91.00	09100	73,008	266	0	31	65,397	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	13	0	10	20,246	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		398,242	2,108	44,910	432	771,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	15	0	0	0	190.00
194.00	07950	0	0	17,110	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	353,214	1,515,687	1,366,742	669,215	3,362,577	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.886933	713.936411	22.037117	1,549.108796	4.358346	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,896	70,394	85,839	84,750	337,950	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009783	33.157796	1.384054	196.180556	0.438028	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00590						5.02
5.03	00591						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	1,000					14.00
15.00	01500	0	4,954,927				15.00
16.00	01600	0	63	113,800,936			16.00
17.00	01700	0	0	0	11,965		17.00
17.01	01701	0	0	0	0	11,965	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,540	12,257,296	6,970	6,970	30.00
31.00	03100	0	596	4,973,346	1,239	1,239	31.00
40.00	04000	0	176	8,518,566	3,167	3,167	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	1,069,194	589	589	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	3,592	10,105,732	0	0	50.00
52.00	05200	0	64	1,222,754	0	0	52.00
53.00	05300	0	0	1,547,032	0	0	53.00
54.00	05400	0	14,499	1,156,122	0	0	54.00
54.01	05401	0	137	615,773	0	0	54.01
57.00	05700	0	589	4,956,679	0	0	57.00
58.00	05800	0	865	742,415	0	0	58.00
59.00	05900	0	2,861	5,215,407	0	0	59.00
60.00	06000	0	309	9,281,353	0	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	43,271	7,834,969	0	0	65.00
66.00	06600	0	1,152	794,325	0	0	66.00
67.00	06700	0	0	207,037	0	0	67.00
68.00	06800	0	0	143,270	0	0	68.00
69.00	06900	0	0	1,537,069	0	0	69.00
70.00	07000	0	0	138,746	0	0	70.00
71.00	07100	1,000	0	13,614,487	0	0	71.00
71.01	07101	0	0	573,012	0	0	71.01
72.00	07200	0	0	659,685	0	0	72.00
73.00	07300	0	2,278,161	23,469,580	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	1,413,404	0	0	0	90.01
91.00	09100	0	1,818	3,167,087	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	51	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,000	3,764,148	113,800,936	11,965	11,965	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	1,190,779	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
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)	75,653	3,285,301	3,313,478	98,325	349,128	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	75.653000	0.663037	0.029116	8.217718	29.179106	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,914	132,266	143,341	526	6,470	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	13.914000	0.026694	0.001260	0.043962	0.540744	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
	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
5.01 00540	NONPATIENT TELEPHONES			5.01
5.02 00590	DATA PROCESSING			5.02
5.03 00591	PURCHASING RECEIVING AND STORES			5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL			5.05
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
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
17.01 01701	UTILIZATION REVIEW			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES A	8,798		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		8,798	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	6,970	6,970	30.00
31.00 03100	INTENSIVE CARE UNIT	1,239	1,239	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	589	589	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	ULTRA SOUND	0	0	54.01
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 06002	BLOOD BANK	0	0	60.01
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 PAT	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00 09900	CMHC	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,798	8,798	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
194.00 07950	MEALS ON WHEELS	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)	
			21.00	22.00	
194.01	07951	I HAP	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	194.02
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)	1,020,407	2,394,876	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	115.981700	272.206865	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,183	105,713	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.930098	12.015572	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 4:05 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	10,067,116		10,067,116	0	10,067,116	30.00
31.00	03100	INTENSIVE CARE UNIT	2,645,877		2,645,877	0	2,645,877	31.00
40.00	04000	SUBPROVIDER - IPF	2,814,851		2,814,851	0	2,814,851	40.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	668,011		668,011	0	668,011	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,192,986		6,192,986	0	6,192,986	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	262,306		262,306	0	262,306	52.00
53.00	05300	ANESTHESIOLOGY	841,543		841,543	0	841,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,957,562		3,957,562	0	3,957,562	54.00
54.01	05401	ULTRA SOUND	653,233		653,233	0	653,233	54.01
57.00	05700	CT SCAN	913,435		913,435	0	913,435	57.00
58.00	05800	MRI	639,824		639,824	0	639,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,485,077		1,485,077	0	1,485,077	59.00
60.00	06000	LABORATORY	7,203,800		7,203,800	72,775	7,276,575	60.00
60.01	06002	BLOOD BANK	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,874,775	0	1,874,775	0	1,874,775	65.00
66.00	06600	PHYSICAL THERAPY	3,089,055	0	3,089,055	0	3,089,055	66.00
67.00	06700	OCCUPATIONAL THERAPY	494,355	0	494,355	0	494,355	67.00
68.00	06800	SPEECH PATHOLOGY	570,032	0	570,032	0	570,032	68.00
69.00	06900	ELECTROCARDIOLOGY	1,995,749		1,995,749	0	1,995,749	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	548,140		548,140	0	548,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,786,405		5,786,405	0	5,786,405	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERV	368,709		368,709	0	368,709	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,119,536		1,119,536	0	1,119,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,313,693		5,313,693	0	5,313,693	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,387,639		1,387,639	0	1,387,639	90.00
90.01	09001	PROVIDER BASED CLINICS	28,138,501		28,138,501	102,970	28,241,471	90.01
91.00	09100	EMERGENCY	5,522,797		5,522,797	703,809	6,226,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	2,588,124		2,588,124	0	2,588,124	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	1,322,532		1,322,532	0	1,322,532	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	98,465,663	0	98,465,663	879,554	99,345,217	200.00
201.00		Less Observation Beds	2,588,124		2,588,124	0	2,588,124	201.00
202.00		Total (see instructions)	95,877,539	0	95,877,539	879,554	96,757,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 4:05 pm	
			Title XVII		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	13,674,268		13,674,268			30.00
31.00	03100	INTENSIVE CARE UNIT	5,977,895		5,977,895			31.00
40.00	04000	SUBPROVIDER - IPF	8,503,727		8,503,727			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,069,091		1,069,091			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,105,732	27,696,611	37,802,343	0.163825	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,222,754	121,133	1,343,887	0.195185	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,547,032	3,189,725	4,736,757	0.177662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,156,122	10,440,940	11,597,062	0.341256	0.000000	54.00
54.01	05401	ULTRA SOUND	615,773	5,076,297	5,692,070	0.114762	0.000000	54.01
57.00	05700	CT SCAN	4,956,679	22,721,162	27,677,841	0.033002	0.000000	57.00
58.00	05800	MRI	742,415	10,673,940	11,416,355	0.056045	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,215,407	16,756,071	21,971,478	0.067591	0.000000	59.00
60.00	06000	LABORATORY	9,281,353	27,891,880	37,173,233	0.193790	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,834,969	3,120,006	10,954,975	0.171135	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	794,325	9,272,425	10,066,750	0.306857	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,037	1,545,661	1,752,698	0.282054	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	143,270	980,033	1,123,303	0.507461	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,924,669	6,388,613	8,313,282	0.240068	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,746	4,588,879	4,727,625	0.115944	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	13,614,487	18,101,530	31,716,017	0.182444	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	573,012	187,053	760,065	0.485102	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	659,685	2,803,657	3,463,342	0.323253	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,469,580	20,478,098	43,947,678	0.120910	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	46,593	43,480,410	43,527,003	0.646461	0.000000	90.01
91.00	09100	EMERGENCY	3,167,087	16,334,248	19,501,335	0.283201	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	966,150	3,179,286	4,145,436	0.624331	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,489,606	1,489,606			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	117,607,858	256,517,264	374,125,122			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	117,607,858	256,517,264	374,125,122			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 4:05 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
40.00	04000 SUBPROVIDER - IPF			40.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.163825		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.195185		52.00
53.00	05300 ANESTHESIOLOGY	0.177662		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.341256		54.00
54.01	05401 ULTRA SOUND	0.114762		54.01
57.00	05700 CT SCAN	0.033002		57.00
58.00	05800 MRI	0.056045		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067591		59.00
60.00	06000 LABORATORY	0.195748		60.00
60.01	06002 BLOOD BANK	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.171135		65.00
66.00	06600 PHYSICAL THERAPY	0.306857		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282054		67.00
68.00	06800 SPEECH PATHOLOGY	0.507461		68.00
69.00	06900 ELECTROCARDIOLOGY	0.240068		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115944		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.182444		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0.485102		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323253		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120910		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PROVIDER BASED CLINICS	0.648826		90.01
91.00	09100 EMERGENCY	0.319291		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.624331		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC			99.00
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: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	10,067,116		10,067,116	0	10,067,116	30.00
31.00	03100 INTENSIVE CARE UNIT	2,645,877		2,645,877	0	2,645,877	31.00
40.00	04000 SUBPROVIDER - IPF	2,814,851		2,814,851	0	2,814,851	40.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	668,011		668,011	0	668,011	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,192,986		6,192,986	0	6,192,986	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	262,306		262,306	0	262,306	52.00
53.00	05300 ANESTHESIOLOGY	841,543		841,543	0	841,543	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,957,562		3,957,562	0	3,957,562	54.00
54.01	05401 ULTRA SOUND	653,233		653,233	0	653,233	54.01
57.00	05700 CT SCAN	913,435		913,435	0	913,435	57.00
58.00	05800 MRI	639,824		639,824	0	639,824	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,485,077		1,485,077	0	1,485,077	59.00
60.00	06000 LABORATORY	7,203,800		7,203,800	72,775	7,276,575	60.00
60.01	06002 BLOOD BANK	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,874,775	0	1,874,775	0	1,874,775	65.00
66.00	06600 PHYSICAL THERAPY	3,089,055	0	3,089,055	0	3,089,055	66.00
67.00	06700 OCCUPATIONAL THERAPY	494,355	0	494,355	0	494,355	67.00
68.00	06800 SPEECH PATHOLOGY	570,032	0	570,032	0	570,032	68.00
69.00	06900 ELECTROCARDIOLOGY	1,995,749		1,995,749	0	1,995,749	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	548,140		548,140	0	548,140	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	5,786,405		5,786,405	0	5,786,405	71.00
71.01	07101 PSYCHIATRIC/PSYCHOLOGICAL SERV	368,709		368,709	0	368,709	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,119,536		1,119,536	0	1,119,536	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,313,693		5,313,693	0	5,313,693	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,387,639		1,387,639	0	1,387,639	90.00
90.01	09001 PROVIDER BASED CLINICS	28,138,501		28,138,501	102,970	28,241,471	90.01
91.00	09100 EMERGENCY	5,522,797		5,522,797	703,809	6,226,606	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	2,588,124		2,588,124	0	2,588,124	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,322,532		1,322,532	0	1,322,532	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	98,465,663	0	98,465,663	879,554	99,345,217	200.00
201.00	Less Observation Beds	2,588,124		2,588,124	0	2,588,124	201.00
202.00	Total (see instructions)	95,877,539	0	95,877,539	879,554	96,757,093	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/31/2016 4:05 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	13,674,268		13,674,268			30.00
31.00	03100	INTENSIVE CARE UNIT	5,977,895		5,977,895			31.00
40.00	04000	SUBPROVIDER - IPF	8,503,727		8,503,727			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,069,091		1,069,091			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,105,732	27,696,611	37,802,343	0.163825	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,222,754	121,133	1,343,887	0.195185	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,547,032	3,189,725	4,736,757	0.177662	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,156,122	10,440,940	11,597,062	0.341256	0.000000	54.00
54.01	05401	ULTRA SOUND	615,773	5,076,297	5,692,070	0.114762	0.000000	54.01
57.00	05700	CT SCAN	4,956,679	22,721,162	27,677,841	0.033002	0.000000	57.00
58.00	05800	MRI	742,415	10,673,940	11,416,355	0.056045	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,215,407	16,756,071	21,971,478	0.067591	0.000000	59.00
60.00	06000	LABORATORY	9,281,353	27,891,880	37,173,233	0.193790	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,834,969	3,120,006	10,954,975	0.171135	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	794,325	9,272,425	10,066,750	0.306857	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	207,037	1,545,661	1,752,698	0.282054	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	143,270	980,033	1,123,303	0.507461	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,924,669	6,388,613	8,313,282	0.240068	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,746	4,588,879	4,727,625	0.115944	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	13,614,487	18,101,530	31,716,017	0.182444	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	573,012	187,053	760,065	0.485102	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	659,685	2,803,657	3,463,342	0.323253	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,469,580	20,478,098	43,947,678	0.120910	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	46,593	43,480,410	43,527,003	0.646461	0.000000	90.01
91.00	09100	EMERGENCY	3,167,087	16,334,248	19,501,335	0.283201	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	966,150	3,179,286	4,145,436	0.624331	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,489,606	1,489,606			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	117,607,858	256,517,264	374,125,122			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	117,607,858	256,517,264	374,125,122			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/31/2016 4:05 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 ULTRA SOUND	0.000000		54.01
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	06002 BLOOD BANK	0.000000		60.01
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 PAT	0.000000		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0.000000		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PROVIDER BASED CLINICS	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC			99.00
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: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/31/2016 4:05 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	857,624	0	857,624	9,382	91.41	30.00
31.00	INTENSIVE CARE UNIT	194,809		194,809	1,239	157.23	31.00
40.00	SUBPROVIDER - IPF	203,895	0	203,895	3,167	64.38	40.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	24,607		24,607	589	41.78	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,280,935		1,280,935	14,377		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	4,041	369,388				30.00
31.00	INTENSIVE CARE UNIT	159	25,000				31.00
40.00	SUBPROVIDER - IPF	956	61,547				40.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	5,156	455,935				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/31/2016 4:05 pm
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	956,043	37,802,343	0.025291	3,665,215	92,697	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	30,227	1,343,887	0.022492	9,667	217	52.00
53.00	05300 ANESTHESIOLOGY	44,386	4,736,757	0.009371	555,782	5,208	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	397,682	11,597,062	0.034292	964,801	33,085	54.00
54.01	05401 ULTRA SOUND	16,868	5,692,070	0.002963	148,059	439	54.01
57.00	05700 CT SCAN	34,201	27,677,841	0.001236	2,590,827	3,202	57.00
58.00	05800 MRI	31,861	11,416,355	0.002791	356,378	995	58.00
59.00	05900 CARDIAC CATHETERIZATION	220,861	21,971,478	0.010052	2,130,402	21,415	59.00
60.00	06000 LABORATORY	404,172	37,173,233	0.010873	4,738,770	51,525	60.00
60.01	06002 BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	149,787	10,954,975	0.013673	5,332,860	72,916	65.00
66.00	06600 PHYSICAL THERAPY	225,582	10,066,750	0.022409	468,153	10,491	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,618	1,752,698	0.002635	114,473	302	67.00
68.00	06800 SPEECH PATHOLOGY	35,945	1,123,303	0.031999	95,475	3,055	68.00
69.00	06900 ELECTROCARDIOLOGY	175,095	8,313,282	0.021062	1,910,635	40,242	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	49,287	4,727,625	0.010425	60,547	631	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	112,892	31,716,017	0.003559	7,014,481	24,965	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	62,244	760,065	0.081893	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,600	3,463,342	0.001617	380,632	615	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,212	43,947,678	0.002826	10,847,678	30,656	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	139,462	0	0.000000	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	2,058,114	43,527,003	0.047284	40,225	1,902	90.01
91.00	09100 EMERGENCY	284,569	19,501,335	0.014592	1,828,125	26,676	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	220,485	4,145,436	0.053187	617,641	32,850	92.00
200.00	Total (Lines 50-199)	5,784,193	343,410,535		43,870,826	454,084	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/31/2016 4:05 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital 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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	9,382	0.00	4,041	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,239	0.00	159	0		31.00
40.00	04000	SUBPROVIDER - IPF	3,167	0.00	956	0		40.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	589	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	14,377		5,156	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		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	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRA SOUND	0	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:05 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	37,802,343	0.000000	0.000000	3,665,215	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,343,887	0.000000	0.000000	9,667	52.00
53.00	05300 ANESTHESIOLOGY	0	4,736,757	0.000000	0.000000	555,782	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,597,062	0.000000	0.000000	964,801	54.00
54.01	05401 ULTRA SOUND	0	5,692,070	0.000000	0.000000	148,059	54.01
57.00	05700 CT SCAN	0	27,677,841	0.000000	0.000000	2,590,827	57.00
58.00	05800 MRI	0	11,416,355	0.000000	0.000000	356,378	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	21,971,478	0.000000	0.000000	2,130,402	59.00
60.00	06000 LABORATORY	0	37,173,233	0.000000	0.000000	4,738,770	60.00
60.01	06002 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	10,954,975	0.000000	0.000000	5,332,860	65.00
66.00	06600 PHYSICAL THERAPY	0	10,066,750	0.000000	0.000000	468,153	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,752,698	0.000000	0.000000	114,473	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,123,303	0.000000	0.000000	95,475	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,313,282	0.000000	0.000000	1,910,635	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,727,625	0.000000	0.000000	60,547	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	31,716,017	0.000000	0.000000	7,014,481	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	760,065	0.000000	0.000000	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,463,342	0.000000	0.000000	380,632	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,947,678	0.000000	0.000000	10,847,678	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	43,527,003	0.000000	0.000000	40,225	90.01
91.00	09100 EMERGENCY	0	19,501,335	0.000000	0.000000	1,828,125	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	4,145,436	0.000000	0.000000	617,641	92.00
200.00	Total (Lines 50-199)	0	343,410,535			43,870,826	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:05 pm
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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	
Title XVIII					
Hospital					
PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,314,963	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	683,019	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,128,117	0	54.00
54.01	05401 ULTRA SOUND	0	510,694	0	54.01
57.00	05700 CT SCAN	0	6,778,829	0	57.00
58.00	05800 MRI	0	2,789,338	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	6,360,253	0	59.00
60.00	06000 LABORATORY	0	4,171,039	0	60.00
60.01	06002 BLOOD BANK	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,278,726	0	65.00
66.00	06600 PHYSICAL THERAPY	0	16,196	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	303	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	76,892	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,378,009	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	783,851	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	5,716,689	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	13,437	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,322,116	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,866,390	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	3,119,165	0	90.01
91.00	09100 EMERGENCY	0	3,978,301	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	1,089,410	0	92.00
200.00	Total (Lines 50-199)	0	61,375,737	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:05 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	0.163825	7,314,963	0	0	1,198,374 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.195185	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.177662	683,019	0	0	121,347 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.341256	4,128,117	0	0	1,408,745 54.00
54.01	05401 ULTRA SOUND	0.114762	510,694	0	0	58,608 54.01
57.00	05700 CT SCAN	0.033002	6,778,829	0	0	223,715 57.00
58.00	05800 MRI	0.056045	2,789,338	0	0	156,328 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067591	6,360,253	0	0	429,896 59.00
60.00	06000 LABORATORY	0.193790	4,171,039	0	0	808,306 60.00
60.01	06002 BLOOD BANK	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.171135	2,278,726	0	0	389,970 65.00
66.00	06600 PHYSICAL THERAPY	0.306857	16,196	0	0	4,970 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282054	303	0	0	85 67.00
68.00	06800 SPEECH PATHOLOGY	0.507461	76,892	0	0	39,020 68.00
69.00	06900 ELECTROCARDIOLOGY	0.240068	3,378,009	0	0	810,952 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115944	783,851	0	0	90,883 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.182444	5,716,689	0	0	1,042,976 71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0.485102	13,437	0	0	6,518 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323253	1,322,116	0	0	427,378 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120910	6,866,390	1,212	264,337	830,215 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PROVIDER BASED CLINICS	0.646461	3,119,165	0	0	2,016,419 90.01
91.00	09100 EMERGENCY	0.283201	3,978,301	0	561	1,126,659 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.624331	1,089,410	0	0	680,152 92.00
200.00	Subtotal (see instructions)		61,375,737	1,212	264,898	11,871,516 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		61,375,737	1,212	264,898	11,871,516 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/31/2016 4:05 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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	54.01
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	06002 BLOOD BANK	0	0	60.01
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 PAT	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	147	31,961	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	0	90.01
91.00	09100 EMERGENCY	0	159	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
200.00	Subtotal (see instructions)	147	32,120	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	147	32,120	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/31/2016 4:05 pm		
		Title XVIII		Subprovider - IPF		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	956,043	37,802,343	0.025291	1,206	31	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,227	1,343,887	0.022492	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,386	4,736,757	0.009371	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	397,682	11,597,062	0.034292	6,770	232	54.00
54.01	05401	ULTRA SOUND	16,868	5,692,070	0.002963	0	0	54.01
57.00	05700	CT SCAN	34,201	27,677,841	0.001236	46,393	57	57.00
58.00	05800	MRI	31,861	11,416,355	0.002791	4,457	12	58.00
59.00	05900	CARDIAC CATHETERIZATION	220,861	21,971,478	0.010052	23,941	241	59.00
60.00	06000	LABORATORY	404,172	37,173,233	0.010873	246,614	2,681	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	149,787	10,954,975	0.013673	109,800	1,501	65.00
66.00	06600	PHYSICAL THERAPY	225,582	10,066,750	0.022409	1,001	22	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,618	1,752,698	0.002635	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	35,945	1,123,303	0.031999	1,020	33	68.00
69.00	06900	ELECTROCARDIOLOGY	175,095	8,313,282	0.021062	14,034	296	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,287	4,727,625	0.010425	2,558	27	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	112,892	31,716,017	0.003559	67,033	239	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERV	62,244	760,065	0.081893	148,269	12,142	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,600	3,463,342	0.001617	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	124,212	43,947,678	0.002826	464,079	1,311	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	139,462	0	0.000000	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,058,114	43,527,003	0.047284	6,368	301	90.01
91.00	09100	EMERGENCY	284,569	19,501,335	0.014592	100,606	1,468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	4,145,436	0.000000	189	0	92.00
200.00		Total (lines 50-199)	5,563,708	343,410,535		1,244,338	20,594	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:05 pm
	Component CCN: 14S012	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ULTRA SOUND	0	0	0	0	0	54.01
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	0	0	0	60.00
60.01 06002 BLOOD BANK	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PAT	0	0	0	0	0	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:05 pm
	Title XVII	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	37,802,343	0.000000	0.000000	1,206	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,343,887	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,736,757	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,597,062	0.000000	0.000000	6,770	54.00
54.01 05401 ULTRA SOUND	0	5,692,070	0.000000	0.000000	0	54.01
57.00 05700 CT SCAN	0	27,677,841	0.000000	0.000000	46,393	57.00
58.00 05800 MRI	0	11,416,355	0.000000	0.000000	4,457	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	21,971,478	0.000000	0.000000	23,941	59.00
60.00 06000 LABORATORY	0	37,173,233	0.000000	0.000000	246,614	60.00
60.01 06002 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	10,954,975	0.000000	0.000000	109,800	65.00
66.00 06600 PHYSICAL THERAPY	0	10,066,750	0.000000	0.000000	1,001	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,752,698	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,123,303	0.000000	0.000000	1,020	68.00
69.00 06900 ELECTROCARDIOLOGY	0	8,313,282	0.000000	0.000000	14,034	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,727,625	0.000000	0.000000	2,558	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	31,716,017	0.000000	0.000000	67,033	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	760,065	0.000000	0.000000	148,269	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,463,342	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	43,947,678	0.000000	0.000000	464,079	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	43,527,003	0.000000	0.000000	6,368	90.01
91.00 09100 EMERGENCY	0	19,501,335	0.000000	0.000000	100,606	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	4,145,436	0.000000	0.000000	189	92.00
200.00 Total (lines 50-199)	0	343,410,535			1,244,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/31/2016 4:05 pm
	Component CCN: 14S012	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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 ULTRA SOUND	0	0	0	54.01
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 06002 BLOOD BANK	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
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 PAT	0	0	0	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERV	0	0	0	71.01
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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2016 4:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,382	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)		6,970	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)		4,041	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)		10,067,116	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)		10,067,116	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)		10,067,116	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)		1,073.02	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,336,074	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)		4,336,074	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,645,877	1,239	2,135.49	159	339,543	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)					7,536,927	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,212,544	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)					394,388	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					454,084	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					848,472	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,364,072	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)					2,412	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.02	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,588,124	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:05 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	857,624	10,067,116	0.085191	2,588,124	220,485	90.00
91.00	Nursing School cost	0	10,067,116	0.000000	2,588,124	0	91.00
92.00	Allied health cost	0	10,067,116	0.000000	2,588,124	0	92.00
93.00	All other Medical Education	0	10,067,116	0.000000	2,588,124	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S012		Date/Time Prepared: 5/31/2016 4:05 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)		3,167	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,167	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)		3,167	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)		956	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)		2,814,851	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)		2,814,851	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)		2,814,851	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)		888.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		849,702	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)		849,702	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14S012				Date/Time Prepared: 5/31/2016 4:05 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
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)					254,104		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,103,806		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)					61,547		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					20,594		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					82,141		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,021,665		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: 140012 Component CCN: 14S012		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/31/2016 4:05 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	203,895	2,814,851	0.072435	0	0	90.00
91.00	Nursing School cost	0	2,814,851	0.000000	0	0	91.00
92.00	Allied health cost	0	2,814,851	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,814,851	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/31/2016 4:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		6,507,692		30.00
31.00	03100 INTENSIVE CARE UNIT		666,799		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163825	3,665,215	600,454	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.195185	9,667	1,887	52.00
53.00	05300 ANESTHESIOLOGY	0.177662	555,782	98,741	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.341256	964,801	329,244	54.00
54.01	05401 ULTRA SOUND	0.114762	148,059	16,992	54.01
57.00	05700 CT SCAN	0.033002	2,590,827	85,502	57.00
58.00	05800 MRI	0.056045	356,378	19,973	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067591	2,130,402	143,996	59.00
60.00	06000 LABORATORY	0.195748	4,738,770	927,605	60.00
60.01	06002 BLOOD BANK	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.171135	5,332,860	912,639	65.00
66.00	06600 PHYSICAL THERAPY	0.306857	468,153	143,656	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282054	114,473	32,288	67.00
68.00	06800 SPEECH PATHOLOGY	0.507461	95,475	48,450	68.00
69.00	06900 ELECTROCARDIOLOGY	0.240068	1,910,635	458,682	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115944	60,547	7,020	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.182444	7,014,481	1,279,750	71.00
71.01	07101 PSYCHIATRI CE/PSYCHOLOGI CAL SERV	0.485102	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323253	380,632	123,040	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120910	10,847,678	1,311,593	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0.648826	40,225	26,099	90.01
91.00	09100 EMERGENCY	0.319291	1,828,125	583,704	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.624331	617,641	385,612	92.00
200.00	Total (sum of lines 50-94 and 96-98)		43,870,826	7,536,927	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)		43,870,826		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S012		Date/Time Prepared: 5/31/2016 4:05 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		2,250,134		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		26,980		40.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.163825	1,206	198	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.195185	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.177662	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.341256	6,770	2,310	54.00
54.01	05401 ULTRA SOUND	0.114762	0	0	54.01
57.00	05700 CT SCAN	0.033002	46,393	1,531	57.00
58.00	05800 MRI	0.056045	4,457	250	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067591	23,941	1,618	59.00
60.00	06000 LABORATORY	0.195748	246,614	48,274	60.00
60.01	06002 BLOOD BANK	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.171135	109,800	18,791	65.00
66.00	06600 PHYSICAL THERAPY	0.306857	1,001	307	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.282054	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.507461	1,020	518	68.00
69.00	06900 ELECTROCARDIOLOGY	0.240068	14,034	3,369	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115944	2,558	297	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.182444	67,033	12,230	71.00
71.01	07101 PSYCHIATRI CE/PSYCHOLOGICAL SERV	0.485102	148,269	71,926	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.323253	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.120910	464,079	56,112	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0.648826	6,368	4,132	90.01
91.00	09100 EMERGENCY	0.319291	100,606	32,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.624331	189	118	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,244,338	254,104	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)		1,244,338		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:05 pm
		Title XVII	Hospital	PPS
		0	1.00	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)		6,449,203	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,149,734	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)		98,343	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		59.39	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)		6.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	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)		6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.98	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		2.98	12.00
13.00	Total allowable FTE count for the prior year.		3.90	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.		7.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		4.63	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		4.63	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.077959	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.099101	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.077959	21.00
22.00	IME payment adjustment (see instructions)		358,361	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	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)		-3.02	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		358,361	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		31.96	31.00
32.00	Sum of lines 30 and 31		34.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		257,968	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:05 pm	
		Title XVII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000081541	0.000079362	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		623,598	508,402	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		466,417	127,795	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		594,212		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		9,907,821		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)		9,907,821		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		736,125		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).		100,344		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,744,290		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,744,290		61.00
62.00	Deductibles billed to program beneficiaries		1,105,444		62.00
63.00	Coinurance billed to program beneficiaries		3,780		63.00
64.00	Allowable bad debts (see instructions)		38,452		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		24,994		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,260		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,660,060		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL 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)		50,530		70.93
70.94	HRR adjustment amount (see instructions)		-56,166		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/31/2016 4:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	2016	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		9,654,424		71.00
71.01	Sequestration adjustment (see instructions)		193,088		71.01
72.00	Interim payments		9,335,235		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)		126,101		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 4:05 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	6,449,203	0	6,449,203	0	6,449,203	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,149,734	0	0	2,149,734	2,149,734	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	98,343	0	73,757	24,586	98,343	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	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.077959	0.077959	0.077959	0.077959		5.00
6.00	IME payment adjustment (see instructions)	22.00	358,361	0	268,771	89,590	358,361	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	358,361	0	268,771	89,590	358,361	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1200	0.1200	0.1200	0.1200		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	257,968	0	193,476	64,492	257,968	11.00
11.01	Uncompensated care payments	36.00	594,212	0	466,417	127,795	594,212	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	9,907,821	0	7,451,624	2,456,197	9,907,821	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	9,907,821	0	7,451,624	2,456,197	9,907,821	15.00
16.00	Payment for inpatient program capital	50.00	736,125	0	552,093	184,032	736,125	16.00
17.00	Special add-on payments for new technologies	54.00	0	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/31/2016 4:05 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	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	8,003,717	2,640,229	10,643,946	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	688,214	0	516,161	172,054	688,215	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	7,031	0	5,274	1,758	7,032	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	0.0594	0.0594	0.0594	0.0594		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	40,880	0	30,660	10,220	40,880	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	736,125	0	552,093	184,032	736,125	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	0.052143		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				137,669	137,669	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/31/2016 4:05 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,267	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		11,871,516	2.00
3.00	PPS payments		11,423,477	3.00
4.00	Outlier payment (see instructions)		91,814	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)		32,267	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		266,110	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)		266,110	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		266,110	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)		233,844	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		1.000000	17.00
18.00	Total customary charges (see instructions)		266,110	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		233,843	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)		32,267	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)		11,515,291	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)		2,465,222	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)		9,082,336	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		89,691	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)		9,172,027	30.00
31.00	Primary payer payments		1,114	31.00
32.00	Subtotal (line 30 minus line 31)		9,170,913	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)		78,017	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		50,711	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		26,697	36.00
37.00	Subtotal (see instructions)		9,221,624	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)		9,221,624	40.00
40.01	Sequestration adjustment (see instructions)		184,432	40.01
41.00	Interim payments		8,975,135	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		62,057	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: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 4:05 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		9,420,805		9,022,649	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	08/27/2015	13,689	08/27/2015	19,512	3.50
3.51		12/17/2015	71,881	12/17/2015	28,002	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)		-85,570		-47,514	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)		9,335,235		8,975,135	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		126,101		62,057	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,461,336		9,037,192	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: 140012
Component CCN: 14S012

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Title XVII

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		705,523		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)		705,523		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		16		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		705,539		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/31/2016 4:05 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		2,961	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		4,200	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		8,209	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		374,125,122	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		2,091,213	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)		607,728	8.00
9.00	Sequestration adjustment amount (see instructions)		12,155	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		595,573	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		549,647	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)		45,926	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/31/2016 4:05 pm
		Component CCN: 14S012	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)		819,184	1.00
2.00	Net IPF PPS Outlier Payments		14,110	2.00
3.00	Net IPF PPS ECT Payments		0	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)		0.00	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)		0.00	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)		0.00	8.00
9.00	Average Daily Census (see instructions)		8,676,712	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		833,294	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)		833,294	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		833,294	18.00
19.00	Deductibles		113,356	19.00
20.00	Subtotal (line 18 minus line 19)		719,938	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		719,938	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		719,938	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)		0	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)		719,938	31.00
31.01	Sequestration adjustment (see instructions)		14,399	31.01
32.00	Interim payments		705,523	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)		16	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		14,110	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 4:05 pm	
		Title XVIII	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.			6.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	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)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.98	6.00
7.00	Enter the lesser of line 5 or line 6			2.98	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.	2.98	0.00	2.98	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.	2.98	0.00	2.98	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	2.98	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.84	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.28	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	4.70	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	4.70	0.00		17.00
18.00	Per resident amount	89,696.13	89,696.13		18.00
19.00	Approved amount for resident costs	421,572	0	421,572	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			421,572	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	5,156	0		26.00
27.00	Total Inpatient Days (see instructions)	11,438	11,438		27.00
28.00	Ratio of inpatient days to total inpatient days	0.450778	0.000000		28.00
29.00	Program direct GME amount	190,035	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			190,035	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/31/2016 4:05 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)		0	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)		13,316,350	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		13,316,350	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		11,903,783	42.00
43.00	Primary payer payments (see instructions)		1,114	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		11,902,669	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		25,219,019	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.528028	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.471972	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		190,035	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		100,344	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		89,691	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140012 Period: From 01/01/2015 To 12/31/2015 Worksheet G
 Date/Time Prepared: 5/31/2016 4:05 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	6,268,815	0	0	0	1.00
2.00	Temporary investments	2,013,355	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	87,771,397	0	0	0	4.00
5.00	Other receivable	998,153	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,108,341	0	0	0	6.00
7.00	Inventory	1,365,116	0	0	0	7.00
8.00	Prepaid expenses	4,794,973	0	0	0	8.00
9.00	Other current assets	89,910	0	0	0	9.00
10.00	Due from other funds	1,597,247	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,790,625	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,129,972	0	0	0	12.00
13.00	Land improvements	5,286,998	0	0	0	13.00
14.00	Accumulated depreciation	-2,670,235	0	0	0	14.00
15.00	Buildings	47,720,118	0	0	0	15.00
16.00	Accumulated depreciation	-26,813,290	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-17,410	0	0	0	18.00
19.00	Fixed equipment	30,154,386	0	0	0	19.00
20.00	Accumulated depreciation	-17,025,221	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	36,213,111	0	0	0	23.00
24.00	Accumulated depreciation	-30,948,905	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	268,805	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	44,317,329	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	15,124,473	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	3,258,151	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	18,382,624	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	109,490,578	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,514,140	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,027,336	0	0	0	38.00
39.00	Payroll taxes payable	890,436	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,224,656	0	0	0	40.00
41.00	Deferred income	253,966	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,054,985	0	0	0	43.00
44.00	Other current liabilities	4,587,862	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,553,381	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	15,118,489	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,683,101	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,801,590	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	47,354,971	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	62,135,607	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	62,135,607	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	109,490,578	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
5/31/2016 4:05 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		65,562,233		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,426,624				2.00
3.00	Total (sum of line 1 and line 2)		62,135,609		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		62,135,609		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		62,135,609		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/31/2016 4:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,001,169		20,001,169	1.00
2.00	SUBPROVIDER - IPF	9,055,593		9,055,593	2.00
3.00	SUBPROVIDER - IRF				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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	29,056,762		29,056,762	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,242,482		6,242,482	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,242,482		6,242,482	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,299,244		35,299,244	17.00
18.00	Ancillary services	82,018,636	192,805,646	274,824,282	18.00
19.00	Outpatient services	3,167,087	99,794,554	102,961,641	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		1,489,606	1,489,606	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	120,484,967	294,089,806	414,574,773	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		129,454,708		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		129,454,708		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140012

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/31/2016 4:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	414,574,773	1.00
2.00	Less contractual allowances and discounts on patients' accounts	294,520,035	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,054,738	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	129,454,708	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,399,970	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	412,024	6.00
7.00	Income from investments	660,575	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	14,976	10.00
11.00	Rebates and refunds of expenses	33,171	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	443,683	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	6,799	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	56,133	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	12,340	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	337,130	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS REVENUE	35,333	24.00
24.01	MEANINGFUL USE PAYMENTS	715,838	24.01
24.02	RETAIL PHARMACY REVENUE	1,457,668	24.02
24.03	RESIDENCY/ANESTHESIA REVENUE	1,787,676	24.03
25.00	Total other income (sum of lines 6-24)	5,973,346	25.00
26.00	Total (line 5 plus line 25)	-3,426,624	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,426,624	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2015

Worksheet H

HHA CCN: 147131

To 12/31/2015

Date/Time Prepared: 5/31/2016 4:05 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	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		31,890	31,890	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	183,872	12,603	0	13,620	55,177	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	302,604	20,742	7,429	0	330,775	6.00
7.00	Physical Therapy	0	0	5,653	0	5,653	7.00
8.00	Occupational Therapy	0	0	525	0	525	8.00
9.00	Speech Pathology	0	0	118	0	118	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	25,852	1,772	1,702	0	29,326	11.00
12.00	Supplies (see instructions)	0	0	0	0	15,758	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	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)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	512,328	35,117	15,427	13,620	102,825	679,317
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	-31,890	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	7,945	7,945	0	7,945		4.00
5.00	Administrative and General	0	265,272	0	265,272		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	330,775	0	330,775		6.00
7.00	Physical Therapy	0	5,653	0	5,653		7.00
8.00	Occupational Therapy	0	525	0	525		8.00
9.00	Speech Pathology	0	118	0	118		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Home Health Aide	0	29,326	0	29,326		11.00
12.00	Supplies (see instructions)	-4,387	11,371	0	11,371		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-28,332	650,985	0	650,985		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: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/31/2016 4:05 pm
		HHA CCN: 147131	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)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.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	0	3.00
4.00	Transportation	7,945	0	0	0	7,945	4.00
5.00	Administrative and General	265,272	0	0	0	273,217	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	330,775	0	0	0	330,775	6.00
7.00	Physical Therapy	5,653	0	0	0	5,653	7.00
8.00	Occupational Therapy	525	0	0	0	525	8.00
9.00	Speech Pathology	118	0	0	0	118	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	29,326	0	0	0	29,326	11.00
12.00	Supplies (see instructions)	11,371	0	0	0	11,371	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	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)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	650,985	0	0	0	7,945	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	273,217					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	239,230	570,005				6.00
7.00	Physical Therapy	4,088	9,741				7.00
8.00	Occupational Therapy	380	905				8.00
9.00	Speech Pathology	85	203				9.00
10.00	Medical Social Services	0	0				10.00
11.00	Home Health Aide	21,210	50,536				11.00
12.00	Supplies (see instructions)	8,224	19,595				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				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)	0	0				23.00
24.00	Total (sum of lines 1-23)		650,985				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-1
Part II
Date/Time Prepared:
5/31/2016 4:05 pm

Home Health
Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & 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	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	0	0	0	100	-273,217	377,768
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	330,775
7.00	Physical Therapy	0	0	0	0	0	5,653
8.00	Occupational Therapy	0	0	0	0	0	525
9.00	Speech Pathology	0	0	0	0	0	118
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	29,326
12.00	Supplies (see instructions)	0	0	0	0	0	11,371
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
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	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	100	-273,217	377,768
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	7,945		273,217
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	79.450000		0.723240

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 147131

To 12/31/2015

Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	27,494	1,425	49,436	4,108	41,103	1.00
2.00 Skilled Nursing Care	570,005	34,377	0	81,357	4,929	46,974	2.00
3.00 Physical Therapy	9,741	0	0	0	0	0	3.00
4.00 Occupational Therapy	905	0	0	0	0	0	4.00
5.00 Speech Pathology	203	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	50,536	6,873	0	6,951	822	5,872	7.00
8.00 Supplies (see instructions)	19,595	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)	650,985	68,744	1,425	137,744	9,859	93,949	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	PURCHASING RECEIVING AND STORES	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.03	5.04	5A.04	5.05	7.00	8.00	
1.00 Administrative and General	3,534	0	127,100	10,084	60,540	0	1.00
2.00 Skilled Nursing Care	0	14,093	751,735	59,644	75,698	0	2.00
3.00 Physical Therapy	0	0	9,741	773	0	0	3.00
4.00 Occupational Therapy	0	0	905	72	0	0	4.00
5.00 Speech Pathology	0	0	203	16	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	71,054	5,637	15,135	0	7.00
8.00 Supplies (see instructions)	0	0	19,595	1,555	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)	3,534	14,093	980,333	77,781	151,373	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.			0.000000				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: 140012

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 147131

To 12/31/2015

Part I
Date/Time Prepared: 5/31/2016 4:05 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,570	0	9,295	88,239	0	13	1.00
2.00	Skilled Nursing Care	4,997	0	6,196	0	0	18	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	714	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	3	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)	9,281	0	15,491	88,239	0	34	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		INTERNS & RESIDENTS					Subtotal	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A		
		16.00	17.00	17.01	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	298,841	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	898,288	2.00
3.00	Physical Therapy	0	0	0	0	0	10,514	3.00
4.00	Occupational Therapy	0	0	0	0	0	977	4.00
5.00	Speech Pathology	0	0	0	0	0	219	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	92,540	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	21,153	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	1,322,532	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: 140012

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 147131

To 12/31/2015

Part I
Date/Time Prepared:
5/31/2016 4:05 pm

Home Health Agency I

PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	298,841				1.00
2.00 Skilled Nursing Care	0	898,288	262,233	1,160,521		2.00
3.00 Physical Therapy	0	10,514	3,069	13,583		3.00
4.00 Occupational Therapy	0	977	285	1,262		4.00
5.00 Speech Pathology	0	219	64	283		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	92,540	27,015	119,555		7.00
8.00 Supplies (see instructions)	0	21,153	6,175	27,328		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	1,322,532	298,841	1,322,532		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.			0.291925			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: 140012 HHA CCN: 147131	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/31/2016 4:05 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,700	780	183,872	5	7	31,411	1.00
2.00 Skilled Nursing Care	3,376	0	302,604	6	8	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	675	0	25,852	1	1	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)	6,751	780	512,328	12	16	31,411	20.00
21.00 Total cost to be allocated	68,744	1,425	137,744	9,859	93,949	3,534	21.00
22.00 Unit cost multiplier	10.182788	1.826923	0.268859	821.583333	5,871.812500	0.112508	22.00
Cost Center Description	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.04	5A.05	5.05	7.00	8.00	9.00	
1.00 Administrative and General	0	0	127,100	2,700	0	5	1.00
2.00 Skilled Nursing Care	1,489,606	0	751,735	3,376	0	7	2.00
3.00 Physical Therapy	0	0	9,741	0	0	0	3.00
4.00 Occupational Therapy	0	0	905	0	0	0	4.00
5.00 Speech Pathology	0	0	203	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	71,054	675	0	1	7.00
8.00 Supplies (see instructions)	0	0	19,595	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)	1,489,606	0	980,333	6,751	0	13	20.00
21.00 Total cost to be allocated	14,093	0	77,781	151,373	0	9,281	21.00
22.00 Unit cost multiplier	0.009461	0	0.079341	22.422308	0.000000	713.923077	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/31/2016 4:05 pm
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		Home Health Agency I	PPS
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Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	
	10.00	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	6	20,246	0	20	0	1.00
2.00 Skilled Nursing Care	0	4	0	0	26	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	5	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	10	20,246	0	51	0	20.00
21.00 Total cost to be allocated	0	15,491	88,239	0	34	0	21.00
22.00 Unit cost multiplier	0.000000	1,549.100000	4.358342	0.000000	0.666667	0.000000	22.00

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES A (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS A (PATIENT DAYS)		
			17.00	17.01		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/31/2016 4:05 pm
				Title XVII I	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 (col. 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	1,160,521		1,160,521	3,724	311.63	1.00
2.00	Physical Therapy	3.00	13,583	355,594	369,177	2,834	130.27	2.00
3.00	Occupational Therapy	4.00	1,262	28,573	29,835	263	113.44	3.00
4.00	Speech Pathology	5.00	283	10,645	10,928	59	185.22	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	119,555		119,555	853	140.16	6.00
7.00	Total (sum of lines 1-6)		1,295,204	394,812	1,690,016	7,733		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits			Ratio (col. 3 ÷ col. 4)
			Part A	Part B		
				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		99914	0	1,096		8.00
9.00	Physical Therapy		99914	0	1,136		9.00
10.00	Occupational Therapy		99914	0	102		10.00
11.00	Speech Pathology		99914	0	30		11.00
12.00	Medical Social Services		99914	0	0		12.00
13.00	Home Health Aide		99914	0	129		13.00
14.00	Total (sum of lines 8-13)			0	2,493		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 (col. 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	27,328	19,596	46,924	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	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

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	1,096		0	341,546	1.00
2.00	Physical Therapy	0	1,136		0	147,987	2.00
3.00	Occupational Therapy	0	102		0	11,571	3.00
4.00	Speech Pathology	0	30		0	5,557	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	129		0	18,081	6.00
7.00	Total (sum of lines 1-6)	0	2,493		0	524,742	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131		Period: From 01/01/2015 To 12/31/2015		Worksheet H-3 Part I Date/Time Prepared: 5/31/2016 4:05 pm		
		Title XVII		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	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
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	0	69,531	0	0	0	
16.00	Cost of Drugs		0	0		0	0	
Cost Center Description		Total Program Cost (sum of cols. 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	341,546					1.00	
2.00	Physical Therapy	147,987					2.00	
3.00	Occupational Therapy	11,571					3.00	
4.00	Speech Pathology	5,557					4.00	
5.00	Medical Social Services	0					5.00	
6.00	Home Health Aide	18,081					6.00	
7.00	Total (sum of lines 1-6)	524,742					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/31/2016 4:05 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	0.306857	1,158,825	355,594	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.282054	101,305	28,573	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.507461	20,976	10,645	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.182444	107,407	19,596	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.485102	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.120910	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2016 4:05 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	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			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	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	479,876	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	2,066	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	13,993	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	2,513	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	34	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	498,482	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	498,482	24.00
25.00	Coinurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	498,482	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	498,482	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
31.00	Subtotal (see instructions)		0	498,482	31.00
31.01	Sequestration adjustment (see instructions)		0	9,970	31.01
32.00	Interim payments (see instructions)		0	488,512	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet H-5
	HHA CCN: 147131	Home Health Agency I	Date/Time Prepared: 5/31/2016 4:05 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		488,512	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		488,512	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		488,512	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140012	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/31/2016 4:05 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		688,214	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		7,031	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)		22.66	3.00
4.00	Number of interns & residents (see instructions)		4.63	4.00
5.00	Indirect medical education percentage (see instructions)		5.94	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)		40,880	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		736,125	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