

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/24/2015 3:25 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/24/2015 Time: 3:25 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOHN'S HOSPITAL (140053) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,376,923	-459,561	96,580	0	1.00
2.00 Subprovider - IPF	0	-3,167	90		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	63,004	-4,046		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,436,760	-463,517	96,580	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: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:24 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 800 EAST CARPENTER			PO Box:				1.00			
2.00	City: SPRINGFIELD			State: IL		Zip Code: 62769		County: SANGAMON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. JOHN'S HOSPITAL	140053	44100	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		ST. JOHN'S HOSPITAL PSYCH UNIT	14S053	44100	4	07/03/1984	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		ST. JOHN'S HOSPITAL TCU	145225	44100		06/01/1977	N	P	O	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		ST. JOHN'S HOME HEALTH AGENCY	147222	44100		01/01/1983	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST. JOHN'S HOSPITAL HOSPICE PROGRAM	141503	44100		05/24/1984				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2014	06/30/2015		20.00	
21.00	Type of Control (see instructions)						1			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						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		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			18,809	4,578	13	0	7,115	328	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:24 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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)	Y	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00
65.01				0.00	0.00	0.000000 65.01
65.02				0.00	0.00	0.000000 65.02

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:24 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
67.01				0.00	0.00	0.000000
67.02				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	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 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	76.00
				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

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		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.		Y		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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.	2			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	987,990	7,832,494	6,434,479	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:24 pm		
		1.00	2.00					
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (See instructions)		Y		148005		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: HOSPITAL SISTERS HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			141.00	
142.00	Street: 4936 LAVERNA ROAD	PO Box:					142.00	
143.00	City: SPRINGFIELD	State: IL		Zip Code: 62794			143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y				144.00	
				1.00	2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N				146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N				149.00	
				Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital		N		N		N	155.00
156.00	Subprovider - IPF		N		N		N	156.00
157.00	Subprovider - IRF		N		N		N	157.00
158.00	SUBPROVIDER							158.00
159.00	SNF		N		N		N	159.00
160.00	HOME HEALTH AGENCY		N		N		N	160.00
161.00	CMHC				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	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/24/2015 3:24 pm
				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.			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)			168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			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)			170.00
				1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 3:24 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)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/04/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/24/2015 3:24 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
1.00					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBIN		BARBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	HSBS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-544-6464		ROBIN.BARBER@HSBS.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	11/04/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	270	98,550	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)		270	98,550	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	52	18,980	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 HIGH RISK NEONATAL	35.00	43	15,695	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		365	133,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	15	5,475		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	37	13,505		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		417				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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,481	9,677	59,610			1.00
2.00 HMO and other (see instructions)	8,662	11,121				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)	23,481	9,677	59,610			7.00
8.00 INTENSIVE CARE UNIT	6,727	1,784	13,594			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 HIGH RISK NEONATAL	0	6,896	12,534			12.00
13.00 NURSERY		1,037	2,858			13.00
14.00 Total (see instructions)	30,208	19,394	88,596	99.39	2,375.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,966	323	4,988	0.00	25.03	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,041	813	9,650	0.00	41.28	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,910	0	38,667	0.00	60.20	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	7.57	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				99.39	2,510.05	27.00
28.00 Observation Bed Days		748	2,956			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,499			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	328	527			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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,742	3,918	19,267	1.00
2.00 HMO and other (see instructions)			1,637	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 HIGH RISK NEONATAL						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	5,742	3,918	19,267	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	210	52	416	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.41					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.55					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.96					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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	138,898,916	-878,366	138,020,550	5,220,891.07	26.44
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	7,021,721	0	7,021,721	276,739.79	25.37
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,164,230	19,747	2,183,977	85,864.82	25.44
10.00	Excluded area salaries (see instructions)		9,817,941	-77,090	9,740,851	318,108.23	30.62
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,808,289	0	1,808,289	36,256.21	49.88
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		3,254,492	0	3,254,492	38,297.00	84.98
14.00	Home office salaries & wage-related costs		13,660,872	0	13,660,872	203,213.46	67.22
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		43,743,690	0	43,743,690		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,380,772	0	4,380,772		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,813,643	0	1,813,643		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	997,122	-6,462	990,660	33,167.30	29.87
27.00	Administrative & General	5.00	19,294,771	-183,763	19,111,008	640,436.83	29.84
28.00	Administrative & General under contract (see inst.)		2,173,757	0	2,173,757	19,566.47	111.10
29.00	Maintenance & Repairs	6.00	3,429,292	-23,984	3,405,308	100,257.90	33.97
30.00	Operation of Plant	7.00	1,488,405	-123	1,488,282	76,066.03	19.57
31.00	Laundry & Linen Service	8.00	1,161,749	-6,826	1,154,923	93,038.10	12.41
32.00	Housekeeping	9.00	2,444,339	-17,467	2,426,872	216,428.92	11.21
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,092,238	-1,531,641	560,597	46,013.47	12.18
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	1,526,400	1,526,400	124,125.55	12.30
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,401,445	-896,899	2,504,546	67,879.92	36.90
39.00	Central Services and Supply	14.00	522,802	0	522,802	33,428.22	15.64
40.00	Pharmacy	15.00	4,590,347	-127,331	4,463,016	110,942.80	40.23

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 2,207,495	-1,006	2,206,489	102,404.67	21.55	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
11/24/2015 3:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	134,050,952	-878,366	133,172,586	4,963,717.75	26.83	1.00
2.00	Excluded area salaries (see instructions)	11,982,171	-57,343	11,924,828	403,973.05	29.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	122,068,781	-821,023	121,247,758	4,559,744.70	26.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,723,653	0	18,723,653	277,766.67	67.41	4.00
5.00	Subtotal wage-related costs (see inst.)	43,743,690	0	43,743,690	0.00	36.08	5.00
6.00	Total (sum of lines 3 thru 5)	184,536,124	-821,023	183,715,101	4,837,511.37	37.98	6.00
7.00	Total overhead cost (see instructions)	43,803,762	-1,269,102	42,534,660	1,663,756.18	25.57	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2015 3:24 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	72,741	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	9,180,915	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	20,244,368	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,125,328	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	346,748	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)	1,596,296	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,839,719	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	6,755,556	17.00
18.00	Medicare Taxes - Employers Portion Only	1,726,573	18.00
19.00	Unemployment Insurance	362,831	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	151,575	22.00
23.00	Tuition Reimbursement	341,042	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	43,743,692	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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part V
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	7,349,225	0	1.00
2.00	Hospital	7,349,225	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			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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-4
		Component CCN: 147222		Date/Time Prepared: 11/24/2015 3:24 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	SANGAMON				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	1,633	28	72	1,733	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	993.00	256.00	1,012.00	2,261.00	2.00

		Number of Employees (Full Time Equivalent)			
		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	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				14.64	0.00	5.00
6.00	Direct Nursing Service				30.07	0.00	6.00
7.00	Nursing Supervisor				1.00	0.00	7.00
8.00	Physical Therapy Service				8.17	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				2.99	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.52	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.91	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				1.90	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				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.				5		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16580					20.00
20.01		19500					20.01
20.02		41180					20.02
20.03		44100					20.03
20.04		99914					20.04

		Full Episodes				
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,387	1,360	292	163	11,202	21.00
22.00	Skilled Nursing Visit Charges	1,857,952	267,920	59,306	32,111	2,217,289	22.00
23.00	Physical Therapy Visits	2,780	42	37	28	2,887	23.00
24.00	Physical Therapy Visit Charges	582,120	8,820	7,770	5,880	604,590	24.00
25.00	Occupational Therapy Visits	1,281	45	9	16	1,351	25.00
26.00	Occupational Therapy Visit Charges	267,750	9,450	1,890	3,360	282,450	26.00
27.00	Speech Pathology Visits	95	11	1	0	107	27.00
28.00	Speech Pathology Visit Charges	19,950	2,310	210	0	22,470	28.00
29.00	Medical Social Service Visits	111	5	3	2	121	29.00
30.00	Medical Social Service Visit Charges	28,860	1,300	780	520	31,460	30.00
31.00	Home Health Aide Visits	1,052	162	4	24	1,242	31.00
32.00	Home Health Aide Visit Charges	99,940	15,390	380	2,280	117,990	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,706	1,625	346	233	16,910	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)	2,856,572	305,190	70,336	44,151	3,276,249	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,027		129	17	1,173	36.00
37.00	Total Number of Outlier Episodes		34		1	35	37.00
38.00	Total Non-Routine Medical Supply Charges	129,768	21,981	5,262	3,320	160,331	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-7

Date/Time Prepared:
11/24/2015 3:24 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	13	0	13	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	53	0	53	12.00
13.00	RUB	255	0	255	13.00
14.00	RUA	41	0	41	14.00
15.00	RVC	107	0	107	15.00
16.00	RVB	1,050	0	1,050	16.00
17.00	RVA	122	0	122	17.00
18.00	RHC	114	0	114	18.00
19.00	RHB	410	0	410	19.00
20.00	RHA	65	0	65	20.00
21.00	RMC	45	0	45	21.00
22.00	RMB	96	0	96	22.00
23.00	RMA	41	0	41	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	2	0	2	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	228	0	228	28.00
29.00	HE2	77	0	77	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	55	0	55	31.00
32.00	HD1	14	0	14	32.00
33.00	HC2	133	0	133	33.00
34.00	HC1	218	0	218	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	51	0	51	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	33	0	33	39.00
40.00	LD1	94	0	94	40.00
41.00	LC2	82	0	82	41.00
42.00	LC1	136	0	136	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	33	0	33	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	103	0	103	47.00
48.00	CD1	36	0	36	48.00
49.00	CC2	495	0	495	49.00
50.00	CC1	478	0	478	50.00
51.00	CB2	9	0	9	51.00
52.00	CB1	175	0	175	52.00
53.00	CA2	6	0	6	53.00
54.00	CA1	68	0	68	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-7

Date/Time Prepared:
11/24/2015 3:24 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	40	0	40	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	34	0	34	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	28	0	28	199.00
200.00	TOTAL		5,041	0	5,041	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	44100	44100	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	6,970,250			207.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140053 Component CCN: 141503	Period: From 07/01/2014 To 06/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 11/24/2015 3:24 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of col.s. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	5,892	2	0	0	1,002	6,896	2.00
3.00	Inpatient Respite Care	23	0	0	0	19	42	3.00
4.00	General Inpatient Care	194	3	0	0	50	247	4.00
5.00	Total Hospice Days	6,109	5	0	0	1,071	7,185	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	186	2	0	0	34	222	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	32.84	2.50	0.00	0.00	31.50	32.36	8.00
9.00	Unduplicated Census Count	186	2	0	0	34	222	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/24/2015 3:24 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.228520		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		102,917,034		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		324,146,311		6.00	
7.00	Medicaid cost (line 1 times line 6)		74,073,915		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		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		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		7,986,397	941,698	8,928,095	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,825,051	215,197	2,040,248	21.00
22.00	Partial payment by patients approved for charity care		240,722	75,919	316,641	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,584,329	139,278	1,723,607	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				20,465,185	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,203,379	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				19,261,806	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,401,708	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				6,125,315	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				6,125,315	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet A Date/Time Prepared: 11/24/2015 3:24 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		31,269,845	31,269,845	-23,677,952	7,591,893	1.00
1.01	00101	CAP REL COSTS - CON		0	0	68,606	68,606	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	24,081,880	24,081,880	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	997,122	48,723,697	49,720,819	-1,121,876	48,598,943	4.00
5.01	00580	COMMUNICATIONS	303,324	224,634	527,958	101,700	629,658	5.01
5.02	00540	INFORMATION SYSTEMS	0	1,564	1,564	0	1,564	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	555,935	134,710	690,645	-2,054	688,591	5.03
5.04	00570	ADMINISTRATIVE	1,436,087	84,102	1,520,189	102,938	1,623,127	5.04
5.05	00560	PATIENT ACCOUNTING	2,672,750	862,455	3,535,205	82,746	3,617,951	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,326,675	79,629,769	93,956,444	-2,325,795	91,630,649	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,429,292	7,208,691	10,637,983	-23,984	10,613,999	6.00
7.00	00700	OPERATION OF PLANT	1,488,405	9,408,426	10,896,831	-66,424	10,830,407	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,161,749	1,845,933	3,007,682	-6,826	3,000,856	8.00
9.00	00900	HOUSEKEEPING	2,444,339	1,414,736	3,859,075	-17,467	3,841,608	9.00
10.00	01000	DIETARY	2,092,238	285,251	2,377,489	-785,761	1,591,728	10.00
11.00	01100	CAFETERIA	0	0	0	780,520	780,520	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,401,445	1,257,454	4,658,899	-896,899	3,762,000	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	522,802	1,958,684	2,481,486	30,080	2,511,566	14.00
15.00	01500	PHARMACY	4,590,347	13,561,163	18,151,510	-12,669,066	5,482,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,207,495	2,076,894	4,284,389	-1,006	4,283,383	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,711,130	434,136	2,145,266	-79,187	2,066,079	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,021,721	0	7,021,721	1,813,643	8,835,364	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	2,044,231	2,044,231	22.00
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	116,002	2,909	118,911	0	118,911	23.00
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL (PHARMACY)	169,897	23,789	193,686	100,928	294,614	23.03
23.04	02304	PARAMEDICAL (PASTORAL CARE)	80,457	8,712	89,169	0	89,169	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,459,622	5,917,501	24,377,123	-4,345,387	20,031,736	30.00
31.00	03100	INTENSIVE CARE UNIT	7,438,226	1,466,356	8,904,582	-376,169	8,528,413	31.00
35.00	02040	HIGH RISK NEONATAL	5,475,571	1,693,295	7,168,866	-132,262	7,036,604	35.00
40.00	04000	SUBPROVIDER - IPF	1,268,927	366,359	1,635,286	-43,211	1,592,075	40.00
43.00	04300	NURSERY	190	0	190	883,660	883,850	43.00
44.00	04400	SKILLED NURSING FACILITY	2,164,230	210,719	2,374,949	-21,635	2,353,314	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,720,747	32,141,430	41,862,177	-17,152,049	24,710,128	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	888,564	1,366,587	2,255,151	-711,653	1,543,498	50.01
50.02	05002	PAIN MANAGEMENT CENTER	122,047	116,092	238,139	-45,408	192,731	50.02
51.00	05100	RECOVERY ROOM	1,833,834	135,389	1,969,223	1,057	1,970,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,336,402	343,547	2,679,949	1,947,527	4,627,476	52.00
53.00	05300	ANESTHESIOLOGY	878,855	2,707,948	3,586,803	-254,530	3,332,273	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,486,552	1,597,621	5,084,173	-847,532	4,236,641	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	407,699	919,099	1,326,798	0	1,326,798	55.00
56.00	05600	RADIOISOTOPE	569,593	810,048	1,379,641	193,740	1,573,381	56.00
57.00	05700	CT SCAN	477,716	428,512	906,228	108,694	1,014,922	57.00
58.00	05800	MRI	377,929	97,341	475,270	61,951	537,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,022,050	28,175,651	33,197,701	-25,482,052	7,715,649	59.00
60.00	06000	LABORATORY	4,187,945	7,709,364	11,897,309	-30,469	11,866,840	60.00
65.00	06500	RESPIRATORY THERAPY	3,068,711	840,184	3,908,895	-525,736	3,383,159	65.00
66.00	06600	PHYSICAL THERAPY	5,347,587	1,759,070	7,106,657	-122,892	6,983,765	66.00
69.00	06900	ELECTROCARDIOLOGY	2,193,074	3,205,984	5,399,058	-43,258	5,355,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	686,661	564,901	1,251,562	-10,886	1,240,676	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	17,821,024	17,821,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,368,245	27,368,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,581,634	12,581,634	73.00
74.00	07400	RENAL DIALYSIS	0	700,086	700,086	-21,567	678,519	74.00
76.00	03020	OTHER ANCILLARY	925,861	275,369	1,201,230	1,925,715	3,126,945	76.00
76.97	07697	CARDIAC REHABILITATION	532,692	24,171	556,863	-2,543	554,320	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54	863,770	863,824	-38,621	825,203	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,826,837	3,842,056	7,668,893	51,380	7,720,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,132,995	709,475	4,842,470	-251,501	4,590,969	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/24/2015 3:24 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		
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		5,893,363	5,893,363	0	5,893,363	113.00
116.00	11600	HOSPICE	513,271	594,503	1,107,774	-55,088	1,052,686	116.00
117.00	06950	HOME INFUSION	670,741	1,774,921	2,445,662	0	2,445,662	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,744,395	307,668,266	445,412,661	-36,847	445,375,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,605	279,466	310,071	-4,856	305,215	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,842	30,847,379	30,862,221	44,735	30,906,956	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	609,025	479,904	1,088,929	-3,032	1,085,897	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	500,049	-152,963	347,086	0	347,086	194.01
200.00		TOTAL (SUM OF LINES 118-199)	138,898,916	339,122,052	478,020,968	0	478,020,968	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	7,591,893	1.00
1.01	00101	CAP REL COSTS - CON	0	68,606	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	24,081,880	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-13,813,545	34,785,398	4.00
5.01	00580	COMMUNICATIONS	-174,536	455,122	5.01
5.02	00540	INFORMATION SYSTEMS	2,789,007	2,790,571	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	-10,715	677,876	5.03
5.04	00570	ADMINING	0	1,623,127	5.04
5.05	00560	PATIENT ACCOUNTING	-356	3,617,595	5.05
5.06	00590	OTHER ADMIN & GENERAL	-38,687,618	52,943,031	5.06
6.00	00600	MAINTENANCE & REPAIRS	-7,842	10,606,157	6.00
7.00	00700	OPERATION OF PLANT	-1,261,680	9,568,727	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-2,064,220	936,636	8.00
9.00	00900	HOUSEKEEPING	-76,575	3,765,033	9.00
10.00	01000	DIETARY	-600	1,591,128	10.00
11.00	01100	CAFETERIA	0	780,520	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-543,261	3,218,739	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-45,629	2,465,937	14.00
15.00	01500	PHARMACY	-94,257	5,388,187	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-70	4,283,313	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-2,016,398	49,681	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-619,473	8,215,891	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,044,231	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	-25,556	93,355	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	-17,000	277,614	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	-6,025	83,144	23.04
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-602,636	19,429,100	30.00
31.00	03100	INTENSIVE CARE UNIT	-158,701	8,369,712	31.00
35.00	02040	HIGH RISK NEONATAL	-3,900	7,032,704	35.00
40.00	04000	SUBPROVIDER - I PF	-114,033	1,478,042	40.00
43.00	04300	NURSERY	0	883,850	43.00
44.00	04400	SKILLED NURSING FACILITY	-7,685	2,345,629	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,225,263	22,484,865	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	-151,706	1,391,792	50.01
50.02	05002	PAIN MANAGEMENT CENTER	-7,280	185,451	50.02
51.00	05100	RECOVERY ROOM	0	1,970,280	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,886,628	2,740,848	52.00
53.00	05300	ANESTHESIOLOGY	-975,008	2,357,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-82,064	4,154,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-724,744	602,054	55.00
56.00	05600	RADIOISOTOPE	0	1,573,381	56.00
57.00	05700	CT SCAN	0	1,014,922	57.00
58.00	05800	MRI	0	537,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	-415,745	7,299,904	59.00
60.00	06000	LABORATORY	-203,053	11,663,787	60.00
65.00	06500	RESPIRATORY THERAPY	-118,048	3,265,111	65.00
66.00	06600	PHYSICAL THERAPY	-1,000,355	5,983,410	66.00
69.00	06900	ELECTROCARDIOLOGY	-3,079,351	2,276,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-154,270	1,086,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,821,024	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,368,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,581,634	73.00
74.00	07400	RENAL DIALYSIS	-37,000	641,519	74.00
76.00	03020	OTHER ANCILLARY	-24,698	3,102,247	76.00
76.97	07697	CARDIAC REHABILITATION	-36,919	517,401	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	-9,405	815,798	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-2,360,776	5,359,497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-845	4,590,124	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,893,363	0	113.00
116.00	11600	HOSPICE	0	1,052,686	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
117.00	06950	HOME INFUSION	6.00	7.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,445,662	117.00
NONREIMBURSABLE COST CENTERS			-76,949,825	368,425,989	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	305,215	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-31,107,469	-200,513	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	1,085,897	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	347,086	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-108,057,294	369,963,674	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - COLLEGE OF NURSING DEPREC COSTS						
1.00	CAP REL COSTS - CON	1.01	0	66,481	1.00	
	O		0	66,481		
B - NONPAID WORKERS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,560	1.00	
	O		0	15,560		
C - MEDICAL CARE ADMIN COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	100,898	0	1.00	
	O		100,898	0		
D - CAFETERIA COSTS						
1.00	CAFETERIA	11.00	1,526,400	0	1.00	
2.00	DIETARY	10.00	0	745,880	2.00	
	O		1,526,400	745,880		
E - NURSERY AND LABOR/DELIVERY COSTS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	470,875	1,510,753	1.00	
2.00	NURSERY	43.00	541,971	358,115	2.00	
	O		1,012,846	1,868,868		
F - HOME HEALTH SUPPLY COSTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,080	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	213,187	2.00	
	O		0	243,267		
G - HOME HEALTH HOSPICE SALARY COSTS						
1.00	SKILLED NURSING FACILITY	44.00	34,168	0	1.00	
	O		34,168	0		
H - SNF MEDICAID ASSESSMENT FEE						
1.00	OTHER ADMIN & GENERAL	5.06	0	41,382	1.00	
	O		0	41,382		
I - INTERNS & RESIDENTS H&W COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	1,813,643	1.00	
	O		0	1,813,643		
J - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,541,735	1.00	
	O		0	12,541,735		
K - WORKERS COMPENSATION COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	81,375	1.00	
	O		0	81,375		
L - MEDICAL & IMPLANTABLE SUPPLY COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,607,837	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,368,245	2.00	
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	39,899	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	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
	O		0	45,015,981		
M - RN-BSN PROGRAM/EDUCATION						
1.00	NURSING ADMINISTRATION	13.00	74,818	0	1.00	
	O		74,818	0		
N - LEGAL FEES						
1.00	OTHER ADMIN & GENERAL	5.06	0	277,072	1.00	
	O		0	277,072		

RECLASSIFICATIONS

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Period:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
O - UTILITIES/TELEPHONE FOR PDC						
1.00	OPERATION OF PLANT	7.00	0	196,847	1.00	
2.00	COMMUNICATIONS	5.01	0	103,673	2.00	
			0	300,520		
P - PHARMACY CONTINUING EDUCATION/SERVI						
1.00	PARAMED ED (PHARMACY)	23.03	100,928	0	1.00	
			100,928	0		
Q - NURSING BONUSES						
1.00	OTHER ADMIN & GENERAL	5.06	500	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	3,357	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	7,000	0	3.00	
4.00	HIGH RISK NEONATAL	35.00	4,004	0	4.00	
5.00	OPERATING ROOM	50.00	2,150	0	5.00	
6.00	GASTRODIAGNOSTIC UNIT	50.01	179	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	2,500	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	1,500	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	1,000	0	9.00	
10.00	OTHER ANCILLARY	76.00	1,500	0	10.00	
11.00	CARDIAC REHABILITATION	76.97	357	0	11.00	
12.00	HOME HEALTH AGENCY	101.00	357	0	12.00	
			24,404	0		
R - NEW GRAD RN ONSITE TRAINING						
1.00	ADULTS & PEDIATRICS	30.00	593,576	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	78,067	0	2.00	
3.00	NURSERY	43.00	7,373	0	3.00	
4.00	SKILLED NURSING FACILITY	44.00	8,509	0	4.00	
5.00	GASTRODIAGNOSTIC UNIT	50.01	9,359	0	5.00	
6.00	RECOVERY ROOM	51.00	9,966	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	38,187	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	29,032	0	8.00	
9.00	EMERGENCY	91.00	139,008	0	9.00	
			913,077	0		
S - ACADEMIC SUPPORT						
1.00	I&R SERVICES-OTHER PRGM	22.00	0	1,943,333	1.00	
	COSTS APPRV			1,943,333		
			0	1,943,333		
T - OUTPATIENT ROUTINE SERVICES						
1.00	OTHER ANCILLARY	76.00	1,582,767	343,505	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	
			1,582,767	343,505		
U - RADIOLOGY ADMINISTRATION						
1.00	RADIOISOTOPE	56.00	71,474	131,170	1.00	
2.00	CT SCAN	57.00	59,945	69,434	2.00	
3.00	MRI	58.00	47,423	15,773	3.00	
			178,842	216,377		
V - SHORT-TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	878,366	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	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
0			0	878,366		
W - MACARTHUR LEASE EXPENSE						
1.00	ADMINISTRATIVE	5.04	0	131,574		1.00
2.00	PATIENT ACCOUNTING	5.05	0	86,839		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	44,735		3.00
0			0	263,148		
X - MOVEABLE EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23,949,276		1.00
	TOTALS		0	23,949,276		
Y - CAPITAL INSURANCE EXPENSE						
1.00	OTHER CAP REL COSTS	3.00	0	472,534		1.00
	TOTALS		0	472,534		
500.00	Grand Total: Increases		5,549,148	91,078,303		500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - COLLEGE OF NURSING DEPREC COSTS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	66,481	11		1.00
	O		0	66,481			
B - NONPAID WORKERS							
1.00	HOSPICE	116.00	0	15,560	0		1.00
	O		0	15,560			
C - MEDICAL CARE ADMIN COSTS							
1.00	OTHER ADMIN & GENERAL	5.06	100,898	0	0		1.00
	O		100,898	0			
D - CAFETERIA COSTS							
1.00	DIETARY	10.00	1,526,400	0	0		1.00
2.00	CAFETERIA	11.00	0	745,880	0		2.00
	O		1,526,400	745,880			
E - NURSERY AND LABOR/DELIVERY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	1,012,846	1,868,868	0		1.00
2.00		0.00	0	0	0		2.00
	O		1,012,846	1,868,868			
F - HOME HEALTH SUPPLY COSTS							
1.00	HOME HEALTH AGENCY	101.00	0	243,267	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	243,267			
G - HOME HEALTH HOSPICE SALARY COSTS							
1.00	HOSPICE	116.00	34,168	0	0		1.00
	O		34,168	0			
H - SNF MEDICAID ASSESSMENT FEE							
1.00	SKILLED NURSING FACILITY	44.00	0	41,382	0		1.00
	O		0	41,382			
I - INTERNS & RESIDENTS H&W COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,813,643	0		1.00
	O		0	1,813,643			
J - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	12,541,735	0		1.00
	O		0	12,541,735			
K - WORKERS COMPENSATION COSTS							
1.00	OTHER ADMIN & GENERAL	5.06	0	81,375	0		1.00
	O		0	81,375			
L - MEDICAL & IMPLANTABLE SUPPLY COSTS							
1.00	ADULTS & PEDIATRICS	30.00	0	104,487	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	274,898	0		2.00
3.00	HIGH RISK NEONATAL	35.00	0	91,755	0		3.00
4.00	NURSERY	43.00	0	23,659	0		4.00
5.00	OPERATING ROOM	50.00	0	17,092,336	0		5.00
6.00	GASTRODIAGNOSTIC UNIT	50.01	0	718,710	0		6.00
7.00	PAIN MANAGEMENT CENTER	50.02	0	45,408	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	62,572	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	251,003	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	431,481	0		10.00
11.00	CT SCAN	57.00	0	20,685	0		11.00
12.00	MRI	58.00	0	1,245	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	25,187,310	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	503,546	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	33,531	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	34,783	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,100	0		17.00
18.00	RENAL DIALYSIS	74.00	0	21,567	0		18.00
19.00	OTHER ANCILLARY	76.00	0	20	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	346	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	38,621	0		21.00
22.00	EMERGENCY	91.00	0	73,918	0		22.00
	O		0	45,015,981			
M - RN-BSN PROGRAM/EDUCATION							
1.00	NURSING SCHOOL	20.00	74,818	0	0		1.00
	O		74,818	0			
N - LEGAL FEES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	277,072	0		1.00
	O		0	277,072			
O - UTILITIES/TELEPHONE FOR PDC							
1.00	CARDIAC CATHETERIZATION	59.00	0	300,520	0		1.00
2.00		0.00	0	0	0		2.00
	O		0	300,520			
P - PHARMACY CONTINUING EDUCATION/SERVI							
1.00	PHARMACY	15.00	100,928	0	0		1.00
	O		100,928	0			

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Q - NURSING BONUSES						
1.00 NURSING ADMINISTRATION	13.00	24,404	0	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
0		24,404	0			
R - NEW GRAD RN ONSITE TRAINING						
1.00 NURSING ADMINISTRATION	13.00	913,077	0	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
0		913,077	0			
S - ACADEMIC SUPPORT						
1.00 OTHER ADMIN & GENERAL	5.06	0	1,943,333	0		1.00
0		0	1,943,333			
T - OUTPATIENT ROUTINE SERVICES						
1.00 ADULTS & PEDIATRICS	30.00	1,499,747	330,137	0		1.00
2.00 INTENSIVE CARE UNIT	31.00	82,781	13,269	0		2.00
3.00 HIGH RISK NEONATAL	35.00	53	16	0		3.00
4.00 SUBPROVIDER - IPF	40.00	99	30	0		4.00
5.00 NURSERY	43.00	87	53	0		5.00
0		1,582,767	343,505			
U - RADIOLOGY ADMINISTRATION						
1.00 RADIOLOGY-DIAGNOSTIC	54.00	178,842	216,377	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
0		178,842	216,377			
V - SHORT-TERM DISABILITY						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	6,462	0	0		1.00
2.00 COMMUNICATIONS	5.01	1,973	0	0		2.00
3.00 PURCHASING/RECEIVING/STORES	5.03	2,054	0	0		3.00
4.00 ADMINISTRATION	5.04	28,636	0	0		4.00
5.00 PATIENT ACCOUNTING	5.05	4,093	0	0		5.00
6.00 OTHER ADMIN & GENERAL	5.06	46,609	0	0		6.00
7.00 MAINTENANCE & REPAIRS	6.00	23,984	0	0		7.00
8.00 OPERATION OF PLANT	7.00	123	0	0		8.00
9.00 LAUNDRY & LINEN SERVICE	8.00	6,826	0	0		9.00
10.00 HOUSEKEEPING	9.00	17,467	0	0		10.00
11.00 DIETARY	10.00	5,241	0	0		11.00
12.00 NURSING ADMINISTRATION	13.00	34,236	0	0		12.00
13.00 PHARMACY	15.00	26,403	0	0		13.00
14.00 MEDICAL RECORDS & LIBRARY	16.00	1,006	0	0		14.00
15.00 NURSING SCHOOL	20.00	4,369	0	0		15.00
16.00 ADULTS & PEDIATRICS	30.00	126,235	0	0		16.00
17.00 INTENSIVE CARE UNIT	31.00	90,288	0	0		17.00
18.00 HIGH RISK NEONATAL	35.00	44,442	0	0		18.00
19.00 SUBPROVIDER - IPF	40.00	43,082	0	0		19.00
20.00 SKILLED NURSING FACILITY	44.00	22,930	0	0		20.00
21.00 OPERATING ROOM	50.00	61,863	0	0		21.00
22.00 GASTRODIAGNOSTIC UNIT	50.01	2,481	0	0		22.00
23.00 RECOVERY ROOM	51.00	8,909	0	0		23.00
24.00 DELIVERY ROOM & LABOR ROOM	52.00	12,216	0	0		24.00
25.00 ANESTHESIOLOGY	53.00	3,527	0	0		25.00
26.00 RADIOLOGY-DIAGNOSTIC	54.00	20,832	0	0		26.00
27.00 RADIOISOTOPE	56.00	8,904	0	0		27.00
28.00 CARDIAC CATHETERIZATION	59.00	24,754	0	0		28.00
29.00 LABORATORY	60.00	30,469	0	0		29.00
30.00 RESPIRATORY THERAPY	65.00	22,190	0	0		30.00
31.00 PHYSICAL THERAPY	66.00	89,361	0	0		31.00
32.00 ELECTROCARDIOLOGY	69.00	9,475	0	0		32.00
33.00 ELECTROENCEPHALOGRAPHY	70.00	6,786	0	0		33.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
34.00	OTHER ANCI LLARY	76.00	2,037	0	0		34.00
35.00	CARDIAC REHABI LI TATION	76.97	2,554	0	0		35.00
36.00	EMERGENCY	91.00	13,710	0	0		36.00
37.00	HOME HEALTH AGENCY	101.00	8,591	0	0		37.00
38.00	HOSPICE	116.00	5,360	0	0		38.00
39.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	4,856	0	0		39.00
40.00	NON REIMBURSABLE-OTHER	194.00	3,032	0	0		40.00
			878,366	0			
W - MACARTHUR LEASE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	263,148	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
			0	263,148			
X - MOVEABLE EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	23,949,276	9		1.00
	TOTALS		0	23,949,276			
Y - CAPITAL INSURANCE EXPENSE							
1.00	OTHER ADMIN & GENERAL	5.06	0	472,534	0		1.00
	TOTALS		0	472,534			
500.00	Grand Total: Decreases		6,427,514	90,199,937			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,563,178	362,947	0	362,947	100,561	1.00
2.00	Land Improvements	5,949,361	212,350	0	212,350	0	2.00
3.00	Buildings and Fixtures	492,393,758	2,625,852	0	2,625,852	0	3.00
4.00	Building Improvements	4,750,112	3,916,850	0	3,916,850	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	201,560,974	11,485,403	0	11,485,403	29,146,691	6.00
7.00	HIT designated Assets	40,566,112	0	0	0	848,943	7.00
8.00	Subtotal (sum of lines 1-7)	767,783,495	18,603,402	0	18,603,402	30,096,195	8.00
9.00	Reconciling Items	60,902,039	0	0	0	54,345,461	9.00
10.00	Total (line 8 minus line 9)	706,881,456	18,603,402	0	18,603,402	-24,249,266	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	22,825,564	0				1.00
2.00	Land Improvements	6,161,711	0				2.00
3.00	Buildings and Fixtures	495,019,610	0				3.00
4.00	Building Improvements	8,666,962	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	183,899,686	0				6.00
7.00	HIT designated Assets	39,717,169	0				7.00
8.00	Subtotal (sum of lines 1-7)	756,290,702	0				8.00
9.00	Reconciling Items	6,556,578	0				9.00
10.00	Total (line 8 minus line 9)	749,734,124	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:
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Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	31,269,845	0	0	0	0	1.00
1.01	CAP REL COSTS - CON	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	31,269,845	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	31,269,845				1.00
1.01	CAP REL COSTS - CON	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	31,269,845				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140053

Period:
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Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	569,657,457	0	569,657,457	0.714880	337,805	1.00
1.01	CAP REL COSTS - CON	3,582,503	0	3,582,503	0.004496	2,125	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	223,616,855	0	223,616,855	0.280624	132,604	2.00
3.00	Total (sum of lines 1-2)	796,856,815	0	796,856,815	1.000000	472,534	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	337,805	7,320,569	0	1.00
1.01	CAP REL COSTS - CON	0	0	2,125	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	132,604	23,949,276	0	2.00
3.00	Total (sum of lines 1-2)	0	0	472,534	31,269,845	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-66,481	337,805	0	0	7,591,893	1.00
1.01	CAP REL COSTS - CON	66,481	2,125	0	0	68,606	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	132,604	0	0	24,081,880	2.00
3.00	Total (sum of lines 1-2)	0	472,534	0	0	31,742,379	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8

Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS - CON (chapter 2)			0	CAP REL COSTS - CON	1.01	0	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-35,456	0	COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-84,173	0	OPERATION OF PLANT	7.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-22,982,304	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,536,351				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-83,621	0	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-70	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,019,593	0	NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-600	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS - CON			0	CAP REL COSTS - CON	1.01	0	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	TRADE, QUANTITY & TIME DISCOUNTS	B	-400	LAUNDRY & LINEN SERVICE	8.00	0 33.00
34.00	TUITIUN, FEES, BOOKS, ETC.	B	-25,556	PARAMED ED (CLINICAL LAB SCIENCE)	23.00	0 34.00
34.01	TUITION, FEES, BOOKS, ETC.	B	-6,025	PARAMED ED (PASTORAL CARE)	23.04	0 34.01
35.00	RENTAL OF HOSPITAL SPACE	B	-1,143,789	OTHER ADMIN & GENERAL	5.06	0 35.00
35.01	RENTAL OF HOSPITAL SPACE	B	-421,632	OPERATION OF PLANT	7.00	0 35.01
35.02	RENTAL OF HOSPITAL SPACE	B	-8,038	PHYSICAL THERAPY	66.00	0 35.02
35.03	RENTAL OF HOSPITAL SPACE	B	-32,492	ELECTROCARDIOLOGY	69.00	0 35.03
36.00	INTERCOMPANY REVENUE	B	-526	COMMUNICATIONS	5.01	0 36.00
36.01	INTERCOMPANY REVENUE	B	-3,473,223	OTHER ADMIN & GENERAL	5.06	0 36.01
36.02	INTERCOMPANY REVENUE	B	-617,240	OPERATION OF PLANT	7.00	0 36.02
36.03	INTERCOMPANY REVENUE	B	-2,063,820	LAUNDRY & LINEN SERVICE	8.00	0 36.03
36.04	INTERCOMPANY REVENUE	B	-81,527	NURSING ADMINISTRATION	13.00	0 36.04
36.05	INTERCOMPANY REVENUE	B	-45,629	CENTRAL SERVICES & SUPPLY	14.00	0 36.05
36.06	INTERCOMPANY REVENUE	B	-10,636	PHARMACY	15.00	0 36.06
36.07	INTERCOMPANY REVENUE	B	-73,963	RADIOLOGY-DIAGNOSTIC	54.00	0 36.07
36.08	INTERCOMPANY REVENUE	B	-401,871	CARDIAC CATHETERIZATION	59.00	0 36.08
36.09	INTERCOMPANY REVENUE	B	-35,567	LABORATORY	60.00	0 36.09
36.10	INTERCOMPANY REVENUE	B	-209,518	ELECTROCARDIOLOGY	69.00	0 36.10
36.11	INTERCOMPANY REVENUE	B	-17,704	ELECTROENCEPHALOGRAPHY	70.00	0 36.11
36.12	INTERCOMPANY REVENUE	B	-752,210	PHYSICIANS' PRIVATE OFFICES	192.00	0 36.12
37.00	MISCELLANEOUS OTHER OPERATING R	B	-145,935	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.00
37.01	MISCELLANEOUS OTHER OPERATING R	B	-138,554	COMMUNICATIONS	5.01	0 37.01
37.02	MISCELLANEOUS OTHER OPERATING R	B	-7,306	PURCHASING/RECEIVING/STORES	5.03	0 37.02
37.03	MISCELLANEOUS OTHER OPERATING R	B	-356	PATIENT ACCOUNTING	5.05	0 37.03
37.04	MISCELLANEOUS OTHER OPERATING R	B	-5,221,954	OTHER ADMIN & GENERAL	5.06	0 37.04
37.05	MISCELLANEOUS OTHER OPERATING R	B	-7,842	MAINTENANCE & REPAIRS	6.00	0 37.05
37.06	MISCELLANEOUS OTHER OPERATING R	B	-2,200	OPERATION OF PLANT	7.00	0 37.06
37.07	MISCELLANEOUS OTHER OPERATING R	B	-5,938	HOUSEKEEPING	9.00	0 37.07
37.08	MISCELLANEOUS OTHER OPERATING R	B	-140,811	NURSING ADMINISTRATION	13.00	0 37.08
37.09	MISCELLANEOUS OTHER OPERATING R	B	-10,395	NURSING SCHOOL	20.00	0 37.09
37.10	MISCELLANEOUS OTHER OPERATING R	B	-619,473	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0 37.10
37.11	MISCELLANEOUS OTHER OPERATING R	B	-17,000	PARAMED ED (PHARMACY)	23.03	0 37.11
37.12	MISCELLANEOUS OTHER OPERATING R	B	-4,265	ADULTS & PEDIATRICS	30.00	0 37.12
37.13	MISCELLANEOUS OTHER OPERATING R	B	-3,900	HIGH RISK NEONATAL	35.00	0 37.13
37.14	MISCELLANEOUS OTHER OPERATING R	B	-8,210	OPERATING ROOM	50.00	0 37.14
37.15	MISCELLANEOUS OTHER OPERATING R	B	-3,048	RADIOLOGY-DIAGNOSTIC	54.00	0 37.15
37.16	MISCELLANEOUS OTHER OPERATING R	B	-9,431	CARDIAC CATHETERIZATION	59.00	0 37.16
37.17	MISCELLANEOUS OTHER OPERATING R	B	-2,486	LABORATORY	60.00	0 37.17
37.18	MISCELLANEOUS OTHER OPERATING R	B	-3,465	RESPIRATORY THERAPY	65.00	0 37.18
37.19	MISCELLANEOUS OTHER OPERATING R	B	-84,748	PHYSICAL THERAPY	66.00	0 37.19
37.20	MISCELLANEOUS OTHER OPERATING R	B	-193,200	ELECTROCARDIOLOGY	69.00	0 37.20
37.21	MISCELLANEOUS OTHER OPERATING R	B	-26,250	ELECTROENCEPHALOGRAPHY	70.00	0 37.21
37.22	MISCELLANEOUS OTHER OPERATING R	B	-24,698	OTHER ANCILLARY	76.00	0 37.22

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
37.23 MISCELLANEOUS OTHER OPERATING R	B	-36,919	CARDIAC REHABILITATION	76.97	0	37.23
37.24 MISCELLANEOUS OTHER OPERATING R	B	-123,190	EMERGENCY	91.00	0	37.24
38.00 EMPLOYEE HEALTH INSURANCE	B	-13,401,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00 ADVERTISING/SPONSORSHIP	A	-2,229,953	OTHER ADMIN & GENERAL	5.06	0	39.00
39.01 ADVERTISING/SPONSORSHIP	A	-5,000	NURSING ADMINISTRATION	13.00	0	39.01
39.02 ADVERTISING/SPONSORSHIP	A	-403	RADIOLOGY-DIAGNOSTIC	54.00	0	39.02
39.03 ADVERTISING/SPONSORSHIP	A	-375,150	PHYSICAL THERAPY	66.00	0	39.03
39.04 ADVERTISING/SPONSORSHIP	A	-1,240	EMERGENCY	91.00	0	39.04
40.00 LOBBYING COSTS	A	-51,515	OTHER ADMIN & GENERAL	5.06	0	40.00
40.01 LOBBYING COSTS	A	-845	HOME HEALTH AGENCY	101.00	0	40.01
42.00 INTANGIBLE AMORTIZATION/GAIN-LO	A	-1,550,596	OPERATING ROOM	50.00	9	42.00
42.01 INTANGIBLE AMORTIZATION/GAIN-LO	A	-496,097	PHYSICAL THERAPY	66.00	0	42.01
42.02 INTANGIBLE AMORTIZATION/GAIN-LO	A	-20,580	PHYSICIANS' PRIVATE OFFICES	192.00	0	42.02
44.00 NONALLOWABLE FOOD/DRINK	A	-1,868	OTHER ADMIN & GENERAL	5.06	0	44.00
44.01 NONALLOWABLE FOOD/DRINK	A	-859	NURSING ADMINISTRATION	13.00	0	44.01
45.00 MEDICAL GROUP PURCHASED SERVICE	A	-30,093,299	PHYSICIANS' PRIVATE OFFICES	192.00	0	45.00
46.00 PROPERTY TAX	A	-3,409	PURCHASING/RECEIVING/STORES	5.03	0	46.00
46.01 PROPERTY TAX	A	-75,255	OTHER ADMIN & GENERAL	5.06	0	46.01
46.02 PROPERTY TAX	A	-136,435	OPERATION OF PLANT	7.00	0	46.02
46.03 PROPERTY TAX	A	-70,637	HOUSEKEEPING	9.00	0	46.03
46.04 PROPERTY TAX	A	-36,322	PHYSICAL THERAPY	66.00	0	46.04
46.05 PROPERTY TAX	A	-241,380	PHYSICIANS' PRIVATE OFFICES	192.00	0	46.05
47.00 MEDICAID ASSESSMENT	A	-14,439,318	OTHER ADMIN & GENERAL	5.06	0	47.00
48.00 NONALLOWABLE INTEREST	A	-5,893,363	INTEREST EXPENSE	113.00	0	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-108,057,294				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140053

Period: From 07/01/2014 To 06/30/2015

Worksheet A-8-1

Date/Time Prepared: 11/24/2015 3:24 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HEALTH & DENTAL PREMIUM	20,771,268	21,037,514 1.00
2.00	5.02	INFORMATION SYSTEMS	CONTRACTED SERVICES ISC	35,298,344	32,509,337 2.00
3.00	20.00	NURSING SCHOOL	CONTRACTED SERVICES-HSHS	254,586	240,996 3.00
3.01	30.00	ADULTS & PEDIATRICS	RELATED SERVICES - SEH	1,147	1,147 3.01
3.02	6.00	MAINTENANCE & REPAIRS	RELATED SERVICES - SFH	3,367	3,367 3.02
3.03	30.00	ADULTS & PEDIATRICS	RELATED SERVICES - SFH	9,405	9,405 3.03
3.04	35.00	HIGH RISK NEONATAL	RELATED SERVICES - SFH	3,333	3,333 3.04
3.05	50.00	OPERATING ROOM	RELATED SERVICES - SFH	608	608 3.05
3.06	51.00	RECOVERY ROOM	RELATED SERVICES - SFH	1,138	1,138 3.06
3.07	54.00	RADIOLOGY-DIAGNOSTIC	RELATED SERVICES - SFH	1,433	1,433 3.07
3.08	66.00	PHYSICAL THERAPY	RELATED SERVICES - SFH	1,709	1,709 3.08
3.09	192.00	PHYSICIANS' PRIVATE OFFICES	RELATED SERVICES - SFH	13,323	13,323 3.09
3.10	51.00	RECOVERY ROOM	RELATED SERVICES - SJH	1,860	1,860 3.10
3.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED SERVICES - SMH	12,528	12,528 3.11
3.12	15.00	PHARMACY	RELATED SERVICES - SMH	682	682 3.12
3.13	30.00	ADULTS & PEDIATRICS	RELATED SERVICES - SMH	4,601	4,601 3.13
3.14	50.00	OPERATING ROOM	RELATED SERVICES - SMH	92	92 3.14
3.15	60.00	LABORATORY	RELATED SERVICES - SMH	116,365	116,365 3.15
3.16	101.00	HOME HEALTH AGENCY	RELATED SERVICES - SMH	5,438	5,438 3.16
3.17	15.00	PHARMACY	RELATED SERVICES - SVH	23,351	23,351 3.17
3.18	65.00	RESPIRATORY THERAPY	RELATED SERVICES - SVH	46,000	46,000 3.18
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			56,570,578	54,034,227 5.00

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

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

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

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

6.00	B		0.00	HOSPITAL SISTERS HEALTH SYSTEM	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-1

Date/Time Prepared:
11/24/2015 3:24 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-266,246	0		1.00
2.00	2,789,007	0		2.00
3.00	13,590	0		3.00
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
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
3.13	0	0		3.13
3.14	0	0		3.14
3.15	0	0		3.15
3.16	0	0		3.16
3.17	0	0		3.17
3.18	0	0		3.18
4.00	0	0		4.00
5.00	2,536,351	0		5.00

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

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

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

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

6.00	CORPORATE OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:
11/24/2015 3:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMIN & GENERAL	12,711,210	12,006,535	704,675	171,400	8,015	1.00
2.00	13.00	NURSING ADMINISTRATION	428,122	240,385	187,737	171,400	1,372	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,082,823	348,151	734,672	171,400	5,879	3.00
4.00	31.00	INTENSIVE CARE UNIT	220,834	140,084	80,750	171,400	754	4.00
5.00	35.00	HIGH RISK NEONATAL	522,477	0	522,477	171,400	12,398	5.00
6.00	40.00	SUBPROVIDER - IPF	147,740	35,053	112,687	142,500	492	6.00
7.00	44.00	SKILLED NURSING FACILITY	17,738	2,963	14,775	171,400	122	7.00
8.00	50.00	OPERATING ROOM	666,457	666,457	0	171,400	0	8.00
9.00	50.01	GASTRODIAGNOSTIC UNIT	368,955	0	368,955	204,100	2,214	9.00
10.00	50.02	PAIN MANAGEMENT CENTER	19,840	0	19,840	204,100	128	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	2,044,163	1,886,628	157,535	204,100	4,601	11.00
12.00	53.00	ANESTHESIOLOGY	975,008	975,008	0	200,300	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	4,650	4,650	0	231,100	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	724,744	724,744	0	231,100	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	4,443	4,443	0	231,100	0	15.00
16.00	60.00	LABORATORY	165,000	165,000	0	219,500	0	16.00
17.00	65.00	RESPIRATORY THERAPY	114,583	114,583	0	171,400	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	2,768,818	2,390,693	378,125	171,400	1,513	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	118,392	108,800	9,592	171,400	98	19.00
20.00	74.00	RENAL DIALYSIS	37,000	37,000	0	171,400	0	20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	18,140	1,340	16,800	171,400	106	21.00
22.00	91.00	EMERGENCY	2,294,905	2,236,346	58,559	171,400	1,097	22.00
200.00			25,456,042	22,088,863	3,367,179		38,789	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMIN & GENERAL	660,467	33,023	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	113,058	5,653	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	484,452	24,223	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	62,133	3,107	0	0	0	4.00
5.00	35.00	HIGH RISK NEONATAL	1,021,643	51,082	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	33,707	1,685	0	0	0	6.00
7.00	44.00	SKILLED NURSING FACILITY	10,053	503	0	0	0	7.00
8.00	50.00	OPERATING ROOM	0	0	0	0	0	8.00
9.00	50.01	GASTRODIAGNOSTIC UNIT	217,249	10,862	0	0	0	9.00
10.00	50.02	PAIN MANAGEMENT CENTER	12,560	628	0	0	0	10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	451,473	22,574	0	0	0	11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	15.00
16.00	60.00	LABORATORY	0	0	0	0	0	16.00
17.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	17.00
18.00	69.00	ELECTROCARDIOLOGY	124,677	6,234	0	0	0	18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	8,076	404	0	0	0	19.00
20.00	74.00	RENAL DIALYSIS	0	0	0	0	0	20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	8,735	437	0	0	0	21.00
22.00	91.00	EMERGENCY	90,397	4,520	0	0	0	22.00
200.00			3,298,680	164,935	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMIN & GENERAL	0	660,467	44,208	12,050,743		1.00
2.00	13.00	NURSING ADMINISTRATION	0	113,058	74,679	315,064		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	484,452	250,220	598,371		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	62,133	18,617	158,701		4.00
5.00	35.00	HIGH RISK NEONATAL	0	1,021,643	0	0		5.00
6.00	40.00	SUBPROVIDER - IPF	0	33,707	78,980	114,033		6.00
7.00	44.00	SKILLED NURSING FACILITY	0	10,053	4,722	7,685		7.00
8.00	50.00	OPERATING ROOM	0	0	0	666,457		8.00
9.00	50.01	GASTRODIAGNOSTIC UNIT	0	217,249	151,706	151,706		9.00
10.00	50.02	PAIN MANAGEMENT CENTER	0	12,560	7,280	7,280		10.00
11.00	52.00	DELIVERY ROOM & LABOR ROOM	0	451,473	0	1,886,628		11.00
12.00	53.00	ANESTHESIOLOGY	0	0	0	975,008		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	4,650		13.00
14.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	724,744		14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	0	0	4,443		15.00
16.00	60.00	LABORATORY	0	0	0	165,000		16.00
17.00	65.00	RESPIRATORY THERAPY	0	0	0	114,583		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

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	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		
18.00	69.00	ELECTROCARDIOLOGY	0	124,677	253,448	2,644,141		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,076	1,516	110,316		19.00
20.00	74.00	RENAL DIALYSIS	0	0	0	37,000		20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	0	8,735	8,065	9,405		21.00
22.00	91.00	EMERGENCY	0	90,397	0	2,236,346		22.00
200.00			0	3,298,680	893,441	22,982,304		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		1.00	1.01	2.00		4.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,591,893	7,591,893			1.00
1.01 00101	CAP REL COSTS - CON	68,606	0	68,606		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	24,081,880		24,081,880		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	34,785,398		64	34,796,716	4.00
5.01 00580	COMMUNICATIONS	455,122	84,596	0	3,350,067	5.01
5.02 00540	INFORMATION SYSTEMS	2,790,571	43,153	0	0	5.02
5.03 00550	PURCHASING/RECEIVING/STORES	677,876	5,788	0	7,048	5.03
5.04 00570	ADMITTING	1,623,127	23,719	0	7,749	5.04
5.05 00560	PATIENT ACCOUNTING	3,617,595	0	0	29,997	5.05
5.06 00590	OTHER ADMIN & GENERAL	52,943,031	339,911	0	1,205,840	5.06
6.00 00600	MAINTENANCE & REPAIRS	10,606,157	56,531	0	118,585	6.00
7.00 00700	OPERATION OF PLANT	9,568,727	1,622,114	0	5,995,964	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	936,636	175,417	0	648,327	8.00
9.00 00900	HOUSEKEEPING	3,765,033	16,476	0	1,248	9.00
10.00 01000	DIETARY	1,591,128	42,000	0	4,760	10.00
11.00 01100	CAFETERIA	780,520	113,330	0	12,843	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,218,739	42,810	0	54,072	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,465,937	53,709	0	319,913	14.00
15.00 01500	PHARMACY	5,388,187	32,444	0	265,548	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,283,313	33,812	0	22,122	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	49,681	0	67,074	156,499	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	8,215,891	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,044,231	168,774	0	0	22.00
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	93,355	2,119	0	0	23.00
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	1,532	0	23.01
23.02 02302	PARAMED ED (ENDT)	0	0	0	0	23.02
23.03 02303	PARAMED ED (PHARMACY)	277,614	4,074	0	0	23.03
23.04 02304	PARAMED ED (PASTORAL CARE)	83,144	2,198	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,429,100	831,371	0	804,341	30.00
31.00 03100	INTENSIVE CARE UNIT	8,369,712	156,107	0	239,888	31.00
35.00 02040	HIGH RISK NEONATAL	7,032,704	100,948	0	196,093	35.00
40.00 04000	SUBPROVIDER - I/PF	1,478,042	97,981	0	23,698	40.00
43.00 04300	NURSERY	883,850	38,278	0	15,087	43.00
44.00 04400	SKILLED NURSING FACILITY	2,345,629	85,182	0	42,528	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,484,865	728,618	0	3,018,188	50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	1,391,792	56,002	0	249,527	50.01
50.02 05002	PAIN MANAGEMENT CENTER	185,451	0	0	50,885	50.02
51.00 05100	RECOVERY ROOM	1,970,280	61,683	0	167,530	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,740,848	198,252	0	78,136	52.00
53.00 05300	ANESTHESIOLOGY	2,357,265	4,338	0	494,934	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,154,577	112,520	0	2,008,615	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	602,054	39,083	0	485,574	55.00
56.00 05600	RADIOISOTOPE	1,573,381	33,791	0	293,950	56.00
57.00 05700	CT SCAN	1,014,922	11,626	0	431,112	57.00
58.00 05800	MRI	537,221	14,572	0	351,434	58.00
59.00 05900	CARDIAC CATHETERIZATION	7,299,904	175,438	0	1,437,987	59.00
60.00 06000	LABORATORY	11,663,787	84,145	0	257,427	60.00
65.00 06500	RESPIRATORY THERAPY	3,265,111	13,948	0	218,029	65.00
66.00 06600	PHYSICAL THERAPY	5,983,410	39,480	0	76,549	66.00
69.00 06900	ELECTROCARDIOLOGY	2,276,449	2,347	0	256,528	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,086,406	8,102	0	139,005	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,821,024	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	27,368,245	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,581,634	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	641,519	42,302	0	4,670	74.00
76.00 03020	OTHER ANCILLARY	3,102,247	15,084	0	5,668	76.00
76.97 07697	CARDIAC REHABILITATION	517,401	30,911	0	21,449	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	815,798	0	0	5,561	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	5,359,497	99,440	0	139,097	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	4,590,124	29,197	0	1,303	1,047,421
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPI CE	1,052,686	1,070	0	0	120,300
117.00	06950 HOME INFUSION	2,445,662	7,131	0	27,658	170,325
118.00	SUBTOTALS (SUM OF LINES 1-117)	368,425,989	5,993,176	68,606	23,743,097	34,505,545
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	305,215	10,473	0	289	6,539
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-200,513	697,768	0	336,043	3,769
193.00	19300 NONPAID WORKERS	0	0	0	0	0
194.00	07950 NON REIMBURSABLE-OTHER	1,085,897	889,662	0	2,451	153,883
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	347,086	814	0	0	126,980
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	369,963,674	7,591,893	68,606	24,081,880	34,796,716

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

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Part I
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Cost Center Description			COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINING	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS	3,966,309					5.01
5.02	00540	INFORMATION SYSTEMS	60,811	2,894,535				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	24,583	22,418	878,363			5.03
5.04	00570	ADMINING	78,278	67,255	732	2,158,261		5.04
5.05	00560	PATIENT ACCOUNTING	66,633	117,216	0	0	4,509,106	5.05
5.06	00590	OTHER ADMIN & GENERAL	316,994	208,171	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	45,285	28,824	14,137	0	0	6.00
7.00	00700	OPERATION OF PLANT	151,381	9,608	2,442	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,704	10,248	9,753	0	0	8.00
9.00	00900	HOUSEKEEPING	15,526	16,013	1,229	0	0	9.00
10.00	01000	DIETARY	24,583	10,248	49	0	0	10.00
11.00	01100	CAFETERIA	18,114	26,902	134	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	58,870	85,830	458	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,408	0	15,384	0	0	14.00
15.00	01500	PHARMACY	51,107	62,772	125,056	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,576	0	250	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	31,699	97,360	483	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,235	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	1,941	0	6	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	3,882	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	27	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	2	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	557,009	618,748	14,293	112,865	235,878	30.00
31.00	03100	INTENSIVE CARE UNIT	144,265	129,386	9,868	62,490	130,599	31.00
35.00	02040	HIGH RISK NEONATAL	52,401	40,353	4,321	40,420	84,475	35.00
40.00	04000	SUBPROVIDER - IPF	62,752	44,837	0	7,506	15,688	40.00
43.00	04300	NURSERY	0	16,013	738	4,141	8,654	43.00
44.00	04400	SKILLED NURSING FACILITY	60,164	24,340	1,291	10,093	21,094	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	359,044	365,740	107,921	245,164	512,372	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	16,820	0	2,634	39,430	82,405	50.01
50.02	05002	PAIN MANAGEMENT CENTER	4,528	0	0	3,774	7,888	50.02
51.00	05100	RECOVERY ROOM	60,811	0	1,262	24,466	51,131	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,622	82,628	3,821	21,909	45,788	52.00
53.00	05300	ANESTHESIOLOGY	18,761	0	14,551	44,799	93,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	126,151	137,713	2,314	92,585	193,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,349	0	23	5,510	11,514	55.00
56.00	05600	RADIOISOTOPE	15,526	0	7,811	37,627	78,638	56.00
57.00	05700	CT SCAN	9,057	21,137	2,183	113,833	237,902	57.00
58.00	05800	MRI	8,410	11,529	915	30,218	63,154	58.00
59.00	05900	CARDIAC CATHETERIZATION	128,738	67,896	24,461	268,028	558,675	59.00
60.00	06000	LABORATORY	113,859	96,719	30,788	148,273	309,877	60.00
65.00	06500	RESPIRATORY THERAPY	22,642	0	2,123	65,296	136,464	65.00
66.00	06600	PHYSICAL THERAPY	128,738	99,922	673	61,670	128,886	66.00
69.00	06900	ELECTROCARDIOLOGY	94,451	6,405	601	106,615	222,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,879	9,608	243	15,173	31,711	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	172,856	120,478	251,789	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	268,697	148,746	310,868	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	392	201,474	421,063	73.00
74.00	07400	RENAL DIALYSIS	5,175	3,203	0	4,657	9,732	74.00
76.00	03020	OTHER ANCILLARY	36,228	7,046	467	16,995	35,517	76.00
76.97	07697	CARDIAC REHABILITATION	6,469	47,399	122	3,253	6,798	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,292	0	1,421	5,764	12,047	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	157,850	136,432	8,757	95,009	198,560	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	88,629	108,249	2,603	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,469	14,092	588	0	0	116.00
117.00	06950	HOME INFUSION	7,116	17,935	16,277	0	0	117.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,501,815	2,870,195	875,157	2,158,261	4,509,106	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,175	0	2,405	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	392,038	10,889	143	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	37,522	13,451	658	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	29,759	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,966,309	2,894,535	878,363	2,158,261	4,509,106	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/24/2015 3:24 pm				
Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5A.05	5.06	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS - CON					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00580	COMMUNICATIONS					5.01	
5.02	00540	INFORMATION SYSTEMS					5.02	
5.03	00550	PURCHASING/RECEIVING/STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00560	PATIENT ACCOUNTING					5.05	
5.06	00590	OTHER ADMIN & GENERAL	58,614,661	58,614,661			5.06	
6.00	00600	MAINTENANCE & REPAIRS	11,734,246	2,209,089	13,943,335		6.00	
7.00	00700	OPERATION OF PLANT	17,728,163	3,337,504	2,914,070	23,979,737	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,083,360	392,213	20,058	765,982	3,261,613	8.00
9.00	00900	HOUSEKEEPING	4,431,793	834,329	920,275	71,946	168	9.00
10.00	01000	DIETARY	1,815,123	341,715	123,960	183,400	1,418	10.00
11.00	01100	CAFETERIA	1,339,449	252,165	334,573	494,869	3,826	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,096,771	771,258	465,353	186,936	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,007,109	566,118	866,519	234,527	4,308	14.00
15.00	01500	PHARMACY	7,058,430	1,328,820	62,582	141,672	4,449	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,957,378	933,276	31,692	147,644	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	817,203	153,847	84,245	370,390	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,998,952	1,882,403	10,430	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,241,862	422,053	802	736,973	17,691	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	126,878	23,886	4,413	9,255	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	5,414	1,019	2,006	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	350,487	65,983	401	17,788	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	105,775	19,913	0	9,598	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,772,669	5,040,223	1,092,376	3,630,292	485,139	30.00
31.00	03100	INTENSIVE CARE UNIT	11,108,794	2,091,342	554,011	681,661	99,221	31.00
35.00	02040	HIGH RISK NEONATAL	8,931,872	1,681,514	410,794	440,802	46,753	35.00
40.00	04000	SUBPROVIDER - IPF	2,041,764	384,382	109,920	427,849	22,225	40.00
43.00	04300	NURSERY	1,106,285	208,269	57,367	167,145	11,349	43.00
44.00	04400	SKILLED NURSING FACILITY	3,144,909	592,061	145,222	371,959	51,335	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,275,187	5,699,706	1,270,493	3,181,607	179,616	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	2,066,040	388,953	132,786	244,539	17,190	50.01
50.02	05002	PAIN MANAGEMENT CENTER	283,518	53,375	8,826	0	5,346	50.02
51.00	05100	RECOVERY ROOM	2,803,106	527,713	133,187	269,345	38,473	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,013,100	755,506	250,729	865,692	58,774	52.00
53.00	05300	ANESTHESIOLOGY	3,250,551	611,949	498,650	18,943	17,524	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,662,623	1,442,565	356,236	491,333	46,353	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,268,636	238,833	151,240	170,663	1,546	55.00
56.00	05600	RADIOISOTOPE	2,201,252	414,408	32,093	147,553	2,736	56.00
57.00	05700	CT SCAN	1,978,303	372,435	34,500	50,766	0	57.00
58.00	05800	MRI	1,125,465	211,880	74,617	63,629	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,237,869	2,115,641	577,278	766,072	53,051	59.00
60.00	06000	LABORATORY	13,760,604	2,590,571	240,700	367,431	534	60.00
65.00	06500	RESPIRATORY THERAPY	4,497,231	846,649	527,935	60,905	764	65.00
66.00	06600	PHYSICAL THERAPY	7,854,576	1,478,702	66,594	172,395	15,235	66.00
69.00	06900	ELECTROCARDIOLOGY	3,520,959	662,856	192,159	10,247	27,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,477,771	278,205	48,541	35,377	4,688	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,366,147	3,457,611	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,096,556	5,289,458	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,204,563	2,485,891	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	711,258	133,901	14,442	184,717	1,361	74.00
76.00	03020	OTHER ANCILLARY	3,856,144	725,958	19,657	65,866	2,775	76.00
76.97	07697	CARDIAC REHABILITATION	768,513	144,680	224,252	134,979	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	852,897	160,566	47,338	0	9,393	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,198,227	1,355,138	369,474	434,217	123,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,867,526	1,104,620	35,704	127,492	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,195,205	225,009	7,622	4,672	0	116.00
117.00	06950	HOME INFUSION	2,692,104	506,815	85,047	31,138	406	117.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	365,705,278	57,812,976	13,611,169	16,990,266	1,354,342	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,096	62,144	12,035	45,733	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,240,137	233,468	205,798	3,055,359	16,223	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	2,183,524	411,070	107,513	3,884,825	1,891,048	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	504,639	95,003	6,820	3,554	0	194.01
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	369,963,674	58,614,661	13,943,335	23,979,737	3,261,613	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/24/2015 3:24 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	6,258,511					9.00
10.00	01000	DIETARY	31,036	2,496,652				10.00
11.00	01100	CAFETERIA	83,265	0	2,508,147			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	21,072	0	45,640	0	5,587,030	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	100,335	0	22,477	0	0	14.00
15.00	01500	PHARMACY	21,072	0	74,607	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	36,467	0	68,859	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	62,480	0	30,142	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	186,099	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	853	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	10,536	0	2,378	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	10,536	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	5,805	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	1,427	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,060,198	1,708,760	445,377	0	1,643,894	30.00
31.00	03100	INTENSIVE CARE UNIT	365,894	196,559	173,986	0	642,183	31.00
35.00	02040	HIGH RISK NEONATAL	118,916	0	112,443	0	415,026	35.00
40.00	04000	SUBPROVIDER - IPF	450,099	150,352	35,010	0	129,221	40.00
43.00	04300	NURSERY	65,747	0	13,498	0	49,820	43.00
44.00	04400	SKILLED NURSING FACILITY	461,452	207,009	57,739	0	213,115	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	590,250	0	231,963	0	856,175	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	31,607	0	21,918	0	80,899	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	2,140	0	7,899	50.02
51.00	05100	RECOVERY ROOM	30,096	0	40,241	0	148,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,998	153,617	69,936	0	258,133	52.00
53.00	05300	ANESTHESIOLOGY	30,096	0	38,870	0	143,470	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,351	0	88,175	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,359	0	6,686	0	24,678	55.00
56.00	05600	RADIOISOTOPE	25,359	0	12,337	0	0	56.00
57.00	05700	CT SCAN	10,536	0	14,197	0	0	57.00
58.00	05800	MRI	0	0	9,385	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	280,546	0	107,519	0	0	59.00
60.00	06000	LABORATORY	191,850	0	122,877	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	35,895	0	79,461	0	0	65.00
66.00	06600	PHYSICAL THERAPY	130,350	0	103,505	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	18,009	0	51,752	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,744	0	18,729	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	48,473	0	65,516	0	241,819	76.00
76.97	07697	CARDIAC REHABILITATION	6,248	0	12,505	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	377,125	31,902	103,575	0	382,295	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	22,950	0	0	0	310,792	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,532	0	0	0	39,081	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,235,479	2,448,199	2,477,627	0	5,587,030	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,248	0	951	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	238	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	16,784	48,453	17,358	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	11,973	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,258,511	2,496,652	2,508,147	0	5,587,030	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801,393					14.00
15.00	01500	PHARMACY	0	8,691,632				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6,175,316			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	951	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	239,204	2,996,645	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	128,355	142,765	0	0	31.00
35.00	02040	HIGH RISK NEONATAL	0	51,237	80,662	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	1,828	74,238	0	0	40.00
43.00	04300	NURSERY	0	4,146	142,052	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	18,836	153,830	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	66,476	0	0	0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	28,515	0	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	1,059	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	26,234	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,104	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	208,185	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,253	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	9,688	0	0	0	56.00
57.00	05700	CT SCAN	0	3,542	0	0	0	57.00
58.00	05800	MRI	0	1,490	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,841	0	0	0	59.00
60.00	06000	LABORATORY	0	9,997	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	856	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	124	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	6,020	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	191	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,956,704	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,844,689	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,647,602	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,512	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	9,467	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	32	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	110,706	2,585,124	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	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

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,801,393	8,687,473	6,175,316	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,159	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,801,393	8,691,632	6,175,316	0	0	202.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE)	PARAMED (RESPIRATORY THERAPY)	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS - CON					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580	COMMUNICATIONS					5.01
5.02 00540	INFORMATION SYSTEMS					5.02
5.03 00550	PURCHASING/RECEIVING/STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00560	PATIENT ACCOUNTING					5.05
5.06 00590	OTHER ADMIN & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	1,519,258				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		12,077,884			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			3,420,234		22.00
23.00 02300	PARAMED (CLINICAL LAB SCIENCE)				177,346	23.00
23.01 02301	PARAMED (RESPIRATORY THERAPY)					23.01
23.02 02302	PARAMED (ENDT)					23.02
23.03 02303	PARAMED (PHARMACY)					23.03
23.04 02304	PARAMED (PASTORAL CARE)				18,975	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	197,521	204,432	57,891	0	30.00
31.00 03100	INTENSIVE CARE UNIT	321,233	1,402,095	397,048	0	31.00
35.00 02040	HIGH RISK NEONATAL	34,804	0	0	0	35.00
40.00 04000	SUBPROVIDER - IPF	8,401	0	0	0	40.00
43.00 04300	NURSERY	91,710	83,412	23,621	0	43.00
44.00 04400	SKILLED NURSING FACILITY	81,809	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	27,803	4,555,845	1,290,131	0	50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	35,004	0	0	0	50.01
50.02 05002	PAIN MANAGEMENT CENTER	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	15,202	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	474,947	365,471	103,495	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	4,821,511	1,365,362	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	53,306	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	177,346	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	3,900	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	31,503	0	0	0	76.98
76.99 07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	63,607	645,118	182,686	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	78,508	0	0	0	101.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)			
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,519,258	12,077,884	3,420,234	177,346	18,975	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
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)	1,519,258	12,077,884	3,420,234	177,346	18,975	202.00

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Cost Center Description			PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			23.02	23.03	23.04	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)						23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)						23.01
23.02	02302	PARAMED ED (ENDT)	0					23.02
23.03	02303	PARAMED ED (PHARMACY)		440,464				23.03
23.04	02304	PARAMED ED (PASTORAL CARE)			136,713			23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	42,898	46,617,519	-262,323	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	25,697	18,330,844	-1,799,143	31.00
35.00	02040	HIGH RISK NEONATAL	0	0	5,200	12,330,023	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	11,520	3,846,809	0	40.00
43.00	04300	NURSERY	0	0	192	2,024,613	-107,033	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	15,283	5,514,559	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	3,577	48,228,829	-5,845,976	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	0	3,047,451	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	362,163	0	50.02
51.00	05100	RECOVERY ROOM	0	0	1,594	4,033,721	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	991	7,675,493	-468,966	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,818,238	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	29	16,455,791	-6,186,873	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,887,663	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	2,845,426	0	56.00
57.00	05700	CT SCAN	0	0	0	2,464,279	0	57.00
58.00	05800	MRI	0	0	0	1,486,466	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,772	15,276,895	0	59.00
60.00	06000	LABORATORY	0	0	0	17,461,910	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,068,671	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,821,481	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	431	4,489,737	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,882,246	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	23,780,462	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,230,703	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	440,464	0	23,778,520	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	804	1,049,995	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	5,035,675	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,295,077	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,101,729	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	25,725	13,988,310	-827,804	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	7,547,592	0	101.00

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Cost Center Description		PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.02	23.03	23.04	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	1,474,121	0 116.00
117.00	06950	HOME INFUSION	0	0	0	3,315,510	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	440,464	136,713	355,568,521	-15,498,118 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	457,207	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,755,382	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	8,560,575	0 194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	621,989	0 194.01
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)	0	440,464	136,713	369,963,674	-15,498,118 202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS - CON	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00580	COMMUNICATIONS	5.01
5.02	00540	INFORMATION SYSTEMS	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00560	PATIENT ACCOUNTING	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	23.01
23.02	02302	PARAMED ED (ENDT)	23.02
23.03	02303	PARAMED ED (PHARMACY)	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02040	HIGH RISK NEONATAL	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	50.01
50.02	05002	PAIN MANAGEMENT CENTER	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	OTHER ANCILLARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	76.98
76.99	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
117.00	06950	HOME INFUSION	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00

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Cost Center Description			Total	
			26.00	
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	457,207	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,755,382	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	8,560,575	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	621,989	194.01
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	354,465,556	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		0	1.01	2.00		2A	
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00		
1.01 00101	CAP REL COSTS - CON				1.01		
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,254	0	64	11,318	4.00
5.01 00580	COMMUNICATIONS	0	84,596	0	3,350,067	3,434,663	5.01
5.02 00540	INFORMATION SYSTEMS	8,153,402	43,153	0	0	8,196,555	5.02
5.03 00550	PURCHASING/RECEIVING/STORES	297	5,788	0	7,048	13,133	5.03
5.04 00570	ADMINISTRATIVE	0	23,719	0	7,749	31,468	5.04
5.05 00560	PATIENT ACCOUNTING	0	0	0	29,997	29,997	5.05
5.06 00590	OTHER ADMIN & GENERAL	1,337,683	339,911	0	1,205,840	2,883,434	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	56,531	0	118,585	175,116	6.00
7.00 00700	OPERATION OF PLANT	0	1,622,114	0	5,995,964	7,618,078	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	217,796	175,417	0	648,327	1,041,540	8.00
9.00 00900	HOUSEKEEPING	0	16,476	0	1,248	17,724	9.00
10.00 01000	DIETARY	0	42,000	0	4,760	46,760	10.00
11.00 01100	CAFETERIA	0	113,330	0	12,843	126,173	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	42,810	0	54,072	96,882	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	279,121	53,709	0	319,913	652,743	14.00
15.00 01500	PHARMACY	343,222	32,444	0	265,548	641,214	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	33,812	0	22,122	55,934	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	67,074	156,499	223,573	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	168,774	0	0	168,774	22.00
23.00 02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	2,119	0	0	2,119	23.00
23.01 02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	1,532	0	1,532	23.01
23.02 02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03 02303	PARAMED ED (PHARMACY)	0	4,074	0	0	4,074	23.03
23.04 02304	PARAMED ED (PASTORAL CARE)	0	2,198	0	0	2,198	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	831,371	0	804,341	1,635,712	30.00
31.00 03100	INTENSIVE CARE UNIT	3,300	156,107	0	239,888	399,295	31.00
35.00 02040	HIGH RISK NEONATAL	0	100,948	0	196,093	297,041	35.00
40.00 04000	SUBPROVIDER - I/PF	0	97,981	0	23,698	121,679	40.00
43.00 04300	NURSERY	0	38,278	0	15,087	53,365	43.00
44.00 04400	SKILLED NURSING FACILITY	0	85,182	0	42,528	127,710	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	339,724	728,618	0	3,018,188	4,086,530	50.00
50.01 05001	GASTRODIAGNOSTIC UNIT	0	56,002	0	249,527	305,529	50.01
50.02 05002	PAIN MANAGEMENT CENTER	0	0	0	50,885	50,885	50.02
51.00 05100	RECOVERY ROOM	0	61,683	0	167,530	229,213	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	198,252	0	78,136	276,388	52.00
53.00 05300	ANESTHESIOLOGY	0	4,338	0	494,934	499,272	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	112,520	0	2,008,615	2,121,135	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	39,083	0	485,574	524,657	55.00
56.00 05600	RADIOISOTOPE	0	33,791	0	293,950	327,741	56.00
57.00 05700	CT SCAN	0	11,626	0	431,112	442,738	57.00
58.00 05800	MRI	0	14,572	0	351,434	366,006	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	175,438	0	1,437,987	1,613,425	59.00
60.00 06000	LABORATORY	340,396	84,145	0	257,427	681,968	60.00
65.00 06500	RESPIRATORY THERAPY	0	13,948	0	218,029	231,977	65.00
66.00 06600	PHYSICAL THERAPY	0	39,480	0	76,549	116,029	66.00
69.00 06900	ELECTROCARDIOLOGY	68,123	2,347	0	256,528	326,998	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,751	8,102	0	139,005	148,858	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	42,302	0	4,670	46,972	74.00
76.00 03020	OTHER ANCILLARY	0	15,084	0	5,668	20,752	76.00
76.97 07697	CARDIAC REHABILITATION	0	30,911	0	21,449	52,360	76.97
76.98 07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	5,561	5,561	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00 09100	EMERGENCY	0	99,440	0	139,097	238,537	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	29,197	0	1,303	30,500	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
		1.00	1.01	2.00		
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	1,070	0	0	1,070	116.00
117.00 06950 HOME INFUSION	8,305	7,131	0	27,658	43,094	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,093,120	5,993,176	68,606	23,743,097	40,897,999	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,473	0	289	10,762	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	697,768	0	336,043	1,033,811	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 NON REIMBURSABLE-OTHER	0	889,662	0	2,451	892,113	194.00
194.01 07951 NON REIMBURSABLE-FUND DEVELOPMENT	72	814	0	0	886	194.01
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)	11,093,192	7,591,893	68,606	24,081,880	42,835,571	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,318				4.00
5.01	00580	COMMUNICATIONS	25	3,434,688			5.01
5.02	00540	INFORMATION SYSTEMS	0	52,660	8,249,215		5.02
5.03	00550	PURCHASING/RECEIVING/STORES	46	21,288	63,891	98,358	5.03
5.04	00570	ADMINISTRATIVE	117	67,786	191,672	82	291,125
5.05	00560	PATIENT ACCOUNTING	221	57,702	334,058	0	0
5.06	00590	OTHER ADMIN & GENERAL	1,177	274,506	593,272	0	0
6.00	00600	MAINTENANCE & REPAIRS	283	39,215	82,145	1,583	0
7.00	00700	OPERATION OF PLANT	124	131,091	27,382	273	0
8.00	00800	LAUNDRY & LINEN SERVICE	96	8,403	29,207	1,092	0
9.00	00900	HOUSEKEEPING	201	13,445	45,636	138	0
10.00	01000	DIETARY	47	21,288	29,207	6	0
11.00	01100	CAFETERIA	127	15,686	76,669	15	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	208	50,980	244,610	51	0
14.00	01400	CENTRAL SERVICES & SUPPLY	43	16,806	0	1,722	0
15.00	01500	PHARMACY	370	44,257	178,894	14,000	0
16.00	01600	MEDICAL RECORDS & LIBRARY	183	49,859	0	28	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	135	27,451	277,469	54	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	583	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8	2,801	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	10	1,681	0	1	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	3,361	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	22	0	0	3	0
23.04	02304	PARAMED ED (PASTORAL CARE)	7	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,310	482,348	1,763,388	1,600	15,223
31.00	03100	INTENSIVE CARE UNIT	610	124,928	368,741	1,105	8,428
35.00	02040	HIGH RISK NEONATAL	451	45,378	115,003	484	5,452
40.00	04000	SUBPROVIDER - I/PF	102	54,341	127,782	0	1,012
43.00	04300	NURSERY	46	0	45,636	83	559
44.00	04400	SKILLED NURSING FACILITY	181	52,100	69,367	145	1,361
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	802	310,920	1,042,333	12,082	33,067
50.01	05001	GASTRODIAGNOSTIC UNIT	74	14,566	0	295	5,318
50.02	05002	PAIN MANAGEMENT CENTER	10	3,922	0	0	509
51.00	05100	RECOVERY ROOM	152	52,660	0	141	3,300
52.00	05200	DELIVERY ROOM & LABOR ROOM	235	105,321	235,483	428	2,955
53.00	05300	ANESTHESIOLOGY	73	16,246	0	1,629	6,042
54.00	05400	RADIOLOGY-DIAGNOSTIC	273	109,242	392,472	259	12,488
55.00	05500	RADIOLOGY-THERAPEUTIC	34	18,487	0	3	743
56.00	05600	RADIOISOTOPE	52	13,445	0	874	5,075
57.00	05700	CT SCAN	45	7,843	60,240	244	15,354
58.00	05800	MRI	35	7,283	32,858	102	4,076
59.00	05900	CARDIAC CATHETERIZATION	417	111,483	193,498	2,738	36,174
60.00	06000	LABORATORY	345	98,598	275,643	3,447	19,999
65.00	06500	RESPIRATORY THERAPY	253	19,608	0	238	8,807
66.00	06600	PHYSICAL THERAPY	436	111,483	284,770	75	8,318
69.00	06900	ELECTROCARDIOLOGY	181	81,792	18,255	67	14,380
70.00	07000	ELECTROENCEPHALOGRAPHY	56	12,885	27,382	27	2,047
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,351	16,250
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	30,106	20,063
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	44	27,174
74.00	07400	RENAL DIALYSIS	0	4,482	9,127	0	628
76.00	03020	OTHER ANCILLARY	208	31,372	20,080	52	2,292
76.97	07697	CARDIAC REHABILITATION	44	5,602	135,083	14	439
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	10,644	0	159	777
76.99	07699	LITHOTRI PSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	328	136,693	388,821	980	12,815
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	342	76,750	308,501	291	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	39	5,602	40,160	66	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
117.00	06950	HOME INFUSION	56	6,162	51,113	1,822	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,223	3,032,452	8,179,848	97,999	291,125	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	4,482	0	269	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	339,491	31,033	16	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	50	32,493	38,334	74	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	42	25,770	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,318	3,434,688	8,249,215	98,358	291,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm	
Cost Center Description			PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING	421,978					5.05
5.06	00590	OTHER ADMIN & GENERAL	0	3,752,389				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	141,421	439,763			6.00
7.00	00700	OPERATION OF PLANT	0	213,660	91,908	8,082,516		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,109	633	258,179	1,364,259	8.00
9.00	00900	HOUSEKEEPING	0	53,412	29,025	24,250	70	9.00
10.00	01000	DIETARY	0	21,876	3,910	61,816	593	10.00
11.00	01100	CAFETERIA	0	16,143	10,552	166,799	1,600	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	49,374	14,677	63,008	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	36,242	27,329	79,049	1,802	14.00
15.00	01500	PHARMACY	0	85,068	1,974	47,751	1,861	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,746	1,000	49,764	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	9,849	2,657	124,842	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	120,507	329	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	27,019	25	248,401	7,400	22.00
23.00	02300	PARAMEDICAL (CLINICAL LAB SCIENCE)	0	1,529	139	3,119	0	23.00
23.01	02301	PARAMEDICAL (RESPIRATORY THERAPY)	0	65	63	0	0	23.01
23.02	02302	PARAMEDICAL (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL (PHARMACY)	0	4,224	13	5,996	0	23.03
23.04	02304	PARAMEDICAL (PASTORAL CARE)	0	1,275	0	3,235	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,065	322,664	34,453	1,223,612	202,923	30.00
31.00	03100	INTENSIVE CARE UNIT	12,217	133,883	17,473	229,758	41,502	31.00
35.00	02040	HIGH RISK NEONATAL	7,902	107,647	12,956	148,575	19,556	35.00
40.00	04000	SUBPROVIDER - IPF	1,468	24,607	3,467	144,209	9,296	40.00
43.00	04300	NURSERY	810	13,333	1,809	56,337	4,747	43.00
44.00	04400	SKILLED NURSING FACILITY	1,973	37,902	4,580	125,371	21,472	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,930	364,888	40,070	1,072,380	75,130	50.00
50.01	05001	GASTRODIGNOSTIC UNIT	7,709	24,900	4,188	82,423	7,190	50.01
50.02	05002	PAIN MANAGEMENT CENTER	738	3,417	278	0	2,236	50.02
51.00	05100	RECOVERY ROOM	4,783	33,783	4,201	90,784	16,092	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,283	48,366	7,908	291,787	24,584	52.00
53.00	05300	ANESTHESIOLOGY	8,758	39,176	15,727	6,385	7,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,101	92,350	11,235	165,607	19,388	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,077	15,290	4,770	57,523	647	55.00
56.00	05600	RADIOISOTOPE	7,356	26,529	1,012	49,734	1,144	56.00
57.00	05700	CT SCAN	22,255	23,843	1,088	17,111	0	57.00
58.00	05800	MRI	5,908	13,564	2,353	21,447	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	52,429	135,439	18,207	258,209	22,190	59.00
60.00	06000	LABORATORY	28,988	165,843	7,592	123,845	224	60.00
65.00	06500	RESPIRATORY THERAPY	12,766	54,201	16,651	20,528	320	65.00
66.00	06600	PHYSICAL THERAPY	12,057	94,663	2,100	58,107	6,372	66.00
69.00	06900	ELECTROCARDIOLOGY	20,844	42,435	6,061	3,454	11,421	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,966	17,810	1,531	11,924	1,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,554	221,349	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,081	338,620	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,389	159,141	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	910	8,572	455	62,260	569	74.00
76.00	03020	OTHER ANCILLARY	3,323	46,474	620	22,201	1,161	76.00
76.97	07697	CARDIAC REHABILITATION	636	9,262	7,073	45,496	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,127	10,279	1,493	0	3,929	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	18,575	86,753	11,653	146,356	51,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	70,715	1,126	42,972	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	14,405	240	1,575	0	116.00
117.00	06950	HOME INFUSION	0	32,445	2,682	10,495	170	117.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm			
Cost Center Description		PATIENT ACCOUNTING	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5.06	6.00	7.00	8.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	421,978	3,701,067	429,286	5,726,674	566,492	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,978	380	15,414	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,946	6,491	1,029,827	6,786	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	0	26,316	3,391	1,309,403	790,981	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	6,082	215	1,198	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	421,978	3,752,389	439,763	8,082,516	1,364,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS - CON						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	COMMUNICATIONS						5.01
5.02	00540	INFORMATION SYSTEMS						5.02
5.03	00550	PURCHASING/RECEIVING/STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00560	PATIENT ACCOUNTING						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	183,901					9.00
10.00	01000	DIETARY	912	186,415				10.00
11.00	01100	CAFETERIA	2,447	0	416,211			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	619	0	7,574	0	527,983	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,948	0	3,730	0	0	14.00
15.00	01500	PHARMACY	619	0	12,381	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,072	0	11,427	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,836	0	5,002	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	30,882	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	142	0	0	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	310	0	395	0	0	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	310	0	0	0	0	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	0	0	963	0	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	237	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,538	127,587	73,907	0	155,352	30.00
31.00	03100	INTENSIVE CARE UNIT	10,751	14,676	28,872	0	60,687	31.00
35.00	02040	HIGH RISK NEONATAL	3,494	0	18,659	0	39,221	35.00
40.00	04000	SUBPROVIDER - IPF	13,226	11,226	5,810	0	12,212	40.00
43.00	04300	NURSERY	1,932	0	2,240	0	4,708	43.00
44.00	04400	SKILLED NURSING FACILITY	13,559	15,456	9,581	0	20,140	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,344	0	38,493	0	80,910	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	929	0	3,637	0	7,645	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	355	0	746	50.02
51.00	05100	RECOVERY ROOM	884	0	6,678	0	14,036	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,433	11,470	11,605	0	24,394	52.00
53.00	05300	ANESTHESIOLOGY	884	0	6,450	0	13,558	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,094	0	14,632	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	745	0	1,109	0	2,332	55.00
56.00	05600	RADIOISOTOPE	745	0	2,047	0	0	56.00
57.00	05700	CT SCAN	310	0	2,356	0	0	57.00
58.00	05800	MRI	0	0	1,557	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,244	0	17,842	0	0	59.00
60.00	06000	LABORATORY	5,637	0	20,391	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,055	0	13,186	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,830	0	17,176	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	529	0	8,588	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	551	0	3,108	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	1,424	0	10,872	0	22,852	76.00
76.97	07697	CARDIAC REHABILITATION	184	0	2,075	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,081	2,382	17,188	0	36,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	674	0	0	0	29,370	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	74	0	0	0	3,693	116.00
117.00	06950	HOME INFUSION	0	0	0	0	0	117.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	183,224	182,797	411,147	0	527,983	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	184	0	158	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	39	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	493	3,618	2,880	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	1,987	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	183,901	186,415	416,211	0	527,983	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS - CON				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00580	COMMUNICATIONS				5.01
5.02	00540	INFORMATION SYSTEMS				5.02
5.03	00550	PURCHASING/RECEIVING/STORES				5.03
5.04	00570	ADMINISTRATIVE				5.04
5.05	00560	PATIENT ACCOUNTING				5.05
5.06	00590	OTHER ADMIN & GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	822,414			14.00
15.00	01500	PHARMACY	0	1,028,389		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	229,013	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	113	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	28,303	111,132	0
31.00	03100	INTENSIVE CARE UNIT	0	15,187	5,294	0
35.00	02040	HIGH RISK NEONATAL	0	6,062	2,991	0
40.00	04000	SUBPROVIDER - IPF	0	216	2,753	0
43.00	04300	NURSERY	0	491	5,268	0
44.00	04400	SKILLED NURSING FACILITY	0	2,229	5,705	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	7,865	0	0
50.01	05001	GASTRODIAGNOSTIC UNIT	0	3,374	0	0
50.02	05002	PAIN MANAGEMENT CENTER	0	125	0	0
51.00	05100	RECOVERY ROOM	0	3,104	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,142	0	0
53.00	05300	ANESTHESIOLOGY	0	24,632	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	976	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3	0	0
56.00	05600	RADIOISOTOPE	0	1,146	0	0
57.00	05700	CT SCAN	0	419	0	0
58.00	05800	MRI	0	176	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	9,802	0	0
60.00	06000	LABORATORY	0	1,183	0	0
65.00	06500	RESPIRATORY THERAPY	0	101	0	0
66.00	06600	PHYSICAL THERAPY	0	15	0	0
69.00	06900	ELECTROCARDIOLOGY	0	712	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	335,163	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	487,251	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	904,859	0	0
74.00	07400	RENAL DIALYSIS	0	416	0	0
76.00	03020	OTHER ANCILLARY	0	1,120	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	13,099	95,870	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
117.00	06950	HOME INFUSION	0	0	0	0		117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	822,414	1,027,897	229,013	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	492	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0		194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0		194.01
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	822,414	1,028,389	229,013	0		0 202.00

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE)	PARAMED (RESPIRATORY THERAPY)	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	CAP REL COSTS - CON					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580	COMMUNICATIONS					5.01
5.02 00540	INFORMATION SYSTEMS					5.02
5.03 00550	PURCHASING/RECEIVING/STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00560	PATIENT ACCOUNTING					5.05
5.06 00590	OTHER ADMIN & GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	672,981				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		152,301			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			454,570		22.00
23.00 02300	PARAMED (CLINICAL LAB SCIENCE)				9,303	23.00
23.01 02301	PARAMED (RESPIRATORY THERAPY)					23.01
23.02 02302	PARAMED (ENDT)					23.02
23.03 02303	PARAMED (PHARMACY)					23.03
23.04 02304	PARAMED (PASTORAL CARE)				5,331	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
35.00 02040	HIGH RISK NEONATAL					35.00
40.00 04000	SUBPROVIDER - I/PF					40.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	GASTRODIAGNOSTIC UNIT					50.01
50.02 05002	PAIN MANAGEMENT CENTER					50.02
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MRI					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
76.00 03020	OTHER ANCILLARY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LI THOTRI PSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE)	PARAMED ED (RESPIRATORY THERAPY)			
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		20.00	21.00				22.00	23.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
116.00	11600	HOSPICE					116.00	
117.00	06950	HOME INFUSION					117.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00	
193.00	19300	NONPAID WORKERS					193.00	
194.00	07950	NON REIMBURSABLE-OTHER					194.00	
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT					194.01	
200.00		Cross Foot Adjustments	672,981	152,301	454,570	9,303	5,331	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	672,981	152,301	454,570	9,303	5,331	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm		
Cost Center Description			PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
			23.02	23.03	23.04	24.00	25.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT							1.00
1.01	00101	CAP REL COSTS - CON							1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01	00580	COMMUNICATIONS							5.01
5.02	00540	INFORMATION SYSTEMS							5.02
5.03	00550	PURCHASING/RECEIVING/STORES							5.03
5.04	00570	ADMITTING							5.04
5.05	00560	PATIENT ACCOUNTING							5.05
5.06	00590	OTHER ADMIN & GENERAL							5.06
6.00	00600	MAINTENANCE & REPAIRS							6.00
7.00	00700	OPERATION OF PLANT							7.00
8.00	00800	LAUNDRY & LINEN SERVICE							8.00
9.00	00900	HOUSEKEEPING							9.00
10.00	01000	DIETARY							10.00
11.00	01100	CAFETERIA							11.00
12.00	01200	MAINTENANCE OF PERSONNEL							12.00
13.00	01300	NURSING ADMINISTRATION							13.00
14.00	01400	CENTRAL SERVICES & SUPPLY							14.00
15.00	01500	PHARMACY							15.00
16.00	01600	MEDICAL RECORDS & LIBRARY							16.00
17.00	01700	SOCIAL SERVICE							17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00	02000	NURSING SCHOOL							20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV							21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV							22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)							23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)							23.01
23.02	02302	PARAMED ED (ENDT)	0						23.02
23.03	02303	PARAMED ED (PHARMACY)		15,295					23.03
23.04	02304	PARAMED ED (PASTORAL CARE)			6,952				23.04
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS				6,262,117		0	30.00
31.00	03100	INTENSIVE CARE UNIT				1,473,407		0	31.00
35.00	02040	HIGH RISK NEONATAL				830,872		0	35.00
40.00	04000	SUBPROVIDER - I/PF				533,406		0	40.00
43.00	04300	NURSERY				191,364		0	43.00
44.00	04400	SKILLED NURSING FACILITY				508,832		0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM				7,230,744		0	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT				467,777		0	50.01
50.02	05002	PAIN MANAGEMENT CENTER				63,221		0	50.02
51.00	05100	RECOVERY ROOM				459,811		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				1,055,782		0	52.00
53.00	05300	ANESTHESIOLOGY				646,162		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,963,252		0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				627,420		0	55.00
56.00	05600	RADIOISOTOPE				436,900		0	56.00
57.00	05700	CT SCAN				593,846		0	57.00
58.00	05800	MRI				455,365		0	58.00
59.00	05900	CARDIAC CATHETERIZATION				2,480,097		0	59.00
60.00	06000	LABORATORY				1,433,703		0	60.00
65.00	06500	RESPIRATORY THERAPY				379,691		0	65.00
66.00	06600	PHYSICAL THERAPY				715,431		0	66.00
69.00	06900	ELECTROCARDIOLOGY				535,717		0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				231,129		0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				615,667		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				905,121		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				1,130,607		0	73.00
74.00	07400	RENAL DIALYSIS				134,391		0	74.00
76.00	03020	OTHER ANCILLARY				184,803		0	76.00
76.97	07697	CARDIAC REHABILITATION				258,268		0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				33,973		0	76.98
76.99	07699	LITHOTRIpsy				0		0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY				1,268,870		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						0	92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY				561,241		0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		23.02	23.03	23.04	24.00	25.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE			66,924		0 116.00
117.00	06950	HOME INFUSION			148,039		0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	35,883,950	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			35,629		0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,462,933		0 192.00
193.00	19300	NONPAID WORKERS			0		0 193.00
194.00	07950	NON REIMBURSABLE-OTHER			3,100,146		0 194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT			36,180		0 194.01
200.00		Cross Foot Adjustments	0	15,295	6,952	1,316,733	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	0	15,295	6,952	42,835,571	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100		1.00
1.01	00101		1.01
2.00	00200		2.00
4.00	00400		4.00
5.01	00580		5.01
5.02	00540		5.02
5.03	00550		5.03
5.04	00570		5.04
5.05	00560		5.05
5.06	00590		5.06
6.00	00600		6.00
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
12.00	01200		12.00
13.00	01300		13.00
14.00	01400		14.00
15.00	01500		15.00
16.00	01600		16.00
17.00	01700		17.00
19.00	01900		19.00
20.00	02000		20.00
21.00	02100		21.00
22.00	02200		22.00
23.00	02300		23.00
23.01	02301		23.01
23.02	02302		23.02
23.03	02303		23.03
23.04	02304		23.04
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	6,262,117	30.00
31.00	03100	1,473,407	31.00
35.00	02040	830,872	35.00
40.00	04000	533,406	40.00
43.00	04300	191,364	43.00
44.00	04400	508,832	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	7,230,744	50.00
50.01	05001	467,777	50.01
50.02	05002	63,221	50.02
51.00	05100	459,811	51.00
52.00	05200	1,055,782	52.00
53.00	05300	646,162	53.00
54.00	05400	2,963,252	54.00
55.00	05500	627,420	55.00
56.00	05600	436,900	56.00
57.00	05700	593,846	57.00
58.00	05800	455,365	58.00
59.00	05900	2,480,097	59.00
60.00	06000	1,433,703	60.00
65.00	06500	379,691	65.00
66.00	06600	715,431	66.00
69.00	06900	535,717	69.00
70.00	07000	231,129	70.00
71.00	07100	615,667	71.00
72.00	07200	905,121	72.00
73.00	07300	1,130,607	73.00
74.00	07400	134,391	74.00
76.00	03020	184,803	76.00
76.97	07697	258,268	76.97
76.98	07698	33,973	76.98
76.99	07699	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	1,268,870	91.00
92.00	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	561,241	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300		113.00
116.00	11600	66,924	116.00
117.00	06950	148,039	117.00
118.00		35,883,950	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,629	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,462,933	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	3,100,146	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	36,180	194.01
200.00	Cross Foot Adjustments	1,316,733	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	42,835,571	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)		
		BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	1.01	2.00				4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,837,587					1.00
1.01	00101	CAP REL COSTS - CON	0	21,000				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			23,949,276			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,724	0	64	137,029,890		4.00
5.01	00580	COMMUNICATIONS	20,476	0	3,331,620	301,351	6,131	5.01
5.02	00540	INFORMATION SYSTEMS	10,445	0	0	0	94	5.02
5.03	00550	PURCHASING/RECEIVING/STORES	1,401	0	7,009	553,881	38	5.03
5.04	00570	ADMITTING	5,741	0	7,706	1,407,451	121	5.04
5.05	00560	PATIENT ACCOUNTING	0	0	29,832	2,668,657	103	5.05
5.06	00590	OTHER ADMIN & GENERAL	82,274	0	1,199,200	14,179,668	490	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,683	0	117,932	3,405,308	70	6.00
7.00	00700	OPERATION OF PLANT	392,627	0	5,962,951	1,488,282	234	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,459	0	644,757	1,154,923	15	8.00
9.00	00900	HOUSEKEEPING	3,988	0	1,241	2,426,872	24	9.00
10.00	01000	DIETARY	10,166	0	4,734	560,597	38	10.00
11.00	01100	CAFETERIA	27,431	0	12,772	1,526,400	28	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	10,362	0	53,774	2,504,546	91	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,000	0	318,151	522,802	30	14.00
15.00	01500	PHARMACY	7,853	0	264,086	4,463,016	79	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,184	0	22,000	2,206,489	89	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	20,531	155,637	1,631,943	49	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,021,721	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	40,851	0	0	100,898	5	22.00
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	513	0	0	116,002	3	23.00
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	469	0	0	6	23.01
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0	23.02
23.03	02303	PARAMED ED (PHARMACY)	986	0	0	270,825	0	23.03
23.04	02304	PARAMED ED (PASTORAL CARE)	532	0	0	80,457	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	201,230	0	799,912	16,417,727	861	30.00
31.00	03100	INTENSIVE CARE UNIT	37,785	0	238,567	7,350,224	223	31.00
35.00	02040	HIGH RISK NEONATAL	24,434	0	195,013	5,435,080	81	35.00
40.00	04000	SUBPROVIDER - I/PF	23,716	0	23,568	1,225,746	97	40.00
43.00	04300	NURSERY	9,265	0	15,004	549,447	0	43.00
44.00	04400	SKILLED NURSING FACILITY	20,618	0	42,294	2,183,977	93	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	176,359	0	3,001,568	9,661,034	555	50.00
50.01	05001	GASTRODIGNOSTIC UNIT	13,555	0	248,153	895,621	26	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	50,605	122,047	7	50.02
51.00	05100	RECOVERY ROOM	14,930	0	166,607	1,834,891	94	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,986	0	77,706	2,835,748	188	52.00
53.00	05300	ANESTHESIOLOGY	1,050	0	492,209	875,328	29	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,235	0	1,997,555	3,286,878	195	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,460	0	482,900	407,699	33	55.00
56.00	05600	RADIOISOTOPE	8,179	0	292,331	632,163	24	56.00
57.00	05700	CT SCAN	2,814	0	428,738	537,661	14	57.00
58.00	05800	MRI	3,527	0	349,499	425,352	13	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,464	0	1,430,069	5,027,828	199	59.00
60.00	06000	LABORATORY	20,367	0	256,009	4,157,476	176	60.00
65.00	06500	RESPIRATORY THERAPY	3,376	0	216,828	3,046,521	35	65.00
66.00	06600	PHYSICAL THERAPY	9,556	0	76,127	5,258,226	199	66.00
69.00	06900	ELECTROCARDIOLOGY	568	0	255,115	2,184,599	146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,961	0	138,240	679,875	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,239	0	4,644	0	8	74.00
76.00	03020	OTHER ANCILLARY	3,651	0	5,637	2,508,091	56	76.00
76.97	07697	CARDIAC REHABILITATION	7,482	0	21,331	530,495	10	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	5,530	54	19	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	24,069	0	138,331	3,952,135	244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	7,067	0	1,296	4,124,761	137
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
116.00	11600 HOSPICE	259	0	0	473,743	10
117.00	06950 HOME INFUSION	1,726	0	27,506	670,741	11
118.00						
	SUBTOTALS (SUM OF LINES 1-117)	1,450,624	21,000	23,612,358	135,883,257	5,413
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,535	0	287	25,749	8
192.00	19200 PHYSICIANS' PRIVATE OFFICES	168,892	0	334,193	14,842	606
193.00	19300 NONPAID WORKERS	0	0	0	0	0
194.00	07950 NON REIMBURSABLE-OTHER	215,339	0	2,438	605,993	58
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	197	0	0	500,049	46
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	7,591,893	68,606	24,081,880	34,796,716	3,966,309
203.00	Unit cost multiplier (Wkst. B, Part I)	4.131447	3.266952	1.005537	0.253935	646.926929
204.00	Cost to be allocated (per Wkst. B, Part II)				11,318	3,434,688
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000083	560.216604

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS - CON					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	COMMUNICATIONS					5.01
5.02	00540	INFORMATION SYSTEMS	4,519				5.02
5.03	00550	PURCHASING/RECEIVING/STORES	35	89,471,724			5.03
5.04	00570	ADMITTING	105	74,570	1,469,839,464		5.04
5.05	00560	PATIENT ACCOUNTING	183	0	0	1,469,839,464	5.05
5.06	00590	OTHER ADMIN & GENERAL	325	0	0	0	-58,614,661
6.00	00600	MAINTENANCE & REPAIRS	45	1,440,096	0	0	0
7.00	00700	OPERATION OF PLANT	15	248,771	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	16	993,481	0	0	0
9.00	00900	HOUSEKEEPING	25	125,169	0	0	0
10.00	01000	DIETARY	16	5,040	0	0	0
11.00	01100	CAFETERIA	42	13,599	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	134	46,669	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,567,121	0	0	0
15.00	01500	PHARMACY	98	12,738,764	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,487	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	152	49,215	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED (CLINICAL LAB SCIENCE)	0	662	0	0	0
23.01	02301	PARAMED ED (RESPIRATORY THERAPY)	0	0	0	0	0
23.02	02302	PARAMED ED (ENDT)	0	0	0	0	0
23.03	02303	PARAMED ED (PHARMACY)	0	2,717	0	0	0
23.04	02304	PARAMED ED (PASTORAL CARE)	0	234	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	966	1,455,979	76,883,236	76,883,236	0
31.00	03100	INTENSIVE CARE UNIT	202	1,005,224	42,568,000	42,568,000	0
35.00	02040	HIGH RISK NEONATAL	63	440,199	27,534,241	27,534,241	0
40.00	04000	SUBPROVIDER - IPF	70	0	5,113,355	5,113,355	0
43.00	04300	NURSERY	25	75,144	2,820,829	2,820,829	0
44.00	04400	SKILLED NURSING FACILITY	38	131,505	6,875,507	6,875,507	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	571	10,993,313	167,005,188	167,005,188	0
50.01	05001	GASTRODIAGNOSTIC UNIT	0	268,307	26,859,477	26,859,477	0
50.02	05002	PAIN MANAGEMENT CENTER	0	0	2,570,910	2,570,910	0
51.00	05100	RECOVERY ROOM	0	128,580	16,666,029	16,666,029	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	129	389,182	14,924,425	14,924,425	0
53.00	05300	ANESTHESIOLOGY	0	1,482,237	30,517,295	30,517,295	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	215	235,689	63,068,805	63,068,805	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,329	3,753,090	3,753,090	0
56.00	05600	RADIOISOTOPE	0	795,659	25,631,777	25,631,777	0
57.00	05700	CT SCAN	33	222,345	77,543,113	77,543,113	0
58.00	05800	MRI	18	93,218	20,584,713	20,584,713	0
59.00	05900	CARDIAC CATHETERIZATION	106	2,491,661	182,214,951	182,214,951	0
60.00	06000	LABORATORY	151	3,136,227	101,003,084	101,003,084	0
65.00	06500	RESPIRATORY THERAPY	0	216,237	44,479,831	44,479,831	0
66.00	06600	PHYSICAL THERAPY	156	68,575	42,009,648	42,009,648	0
69.00	06900	ELECTROCARDIOLOGY	10	61,229	72,626,073	72,626,073	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15	24,725	10,335,949	10,335,949	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,607,837	82,069,448	82,069,448	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,368,245	101,325,858	101,325,858	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,899	137,243,540	137,243,540	0
74.00	07400	RENAL DIALYSIS	5	0	3,172,217	3,172,217	0
76.00	03020	OTHER ANCILLARY	11	47,616	11,576,750	11,576,750	0
76.97	07697	CARDIAC REHABILITATION	74	12,406	2,215,803	2,215,803	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	144,726	3,926,523	3,926,523	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	213	891,995	64,719,799	64,719,799	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	169	265,198	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINISTRATIVE (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation		
		5.02	5.03	5.04	5.05	5A.06		
116.00	11600	HOSPICE	22	59,922	0	0	0	116.00
117.00	06950	HOME INFUSION	28	1,658,018	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,481	89,145,021	1,469,839,464	1,469,839,464	-58,614,661	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	245,013	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17	14,616	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	21	67,074	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,894,535	878,363	2,158,261	4,509,106		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	640.525559	0.009817	0.001468	0.003068		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,249,215	98,358	291,125	421,978		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,825.451427	0.001099	0.000198	0.000287		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600	311,349,013					6.00
7.00	00700	11,734,246	34,757				7.00
8.00	00800	17,728,163	7,264	1,329,216			8.00
9.00	00900	2,083,360	50	42,459	6,620,927		9.00
10.00	01000	4,431,793	2,294	3,988	341	153,258	10.00
11.00	01100	1,815,123	309	10,166	2,878	760	11.00
12.00	01200	1,339,449	834	27,431	7,767	2,039	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	4,096,771	1,160	10,362	0	516	14.00
15.00	01500	3,007,109	2,160	13,000	8,746	2,457	15.00
16.00	01600	7,058,430	156	7,853	9,031	516	16.00
17.00	01700	4,957,378	79	8,184	0	893	17.00
18.00	01800	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	817,203	210	20,531	0	1,530	20.00
21.00	02100	9,998,952	26	0	0	0	21.00
22.00	02200	2,241,862	2	40,851	35,911	0	22.00
23.00	02300	126,878	11	513	0	258	23.00
23.01	02301	5,414	5	0	0	258	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	350,487	1	986	0	0	23.03
23.04	02304	105,775	0	532	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,772,669	2,723	201,230	984,809	50,450	30.00
31.00	03100	11,108,794	1,381	37,785	201,415	8,960	31.00
35.00	02040	8,931,872	1,024	24,434	94,907	2,912	35.00
40.00	04000	2,041,764	274	23,716	45,116	11,022	40.00
43.00	04300	1,106,285	143	9,265	23,037	1,610	43.00
44.00	04400	3,144,909	362	20,618	104,207	11,300	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,275,187	3,167	176,359	364,613	14,454	50.00
50.01	05001	2,066,040	331	13,555	34,895	774	50.01
50.02	05002	283,518	22	0	10,853	0	50.02
51.00	05100	2,803,106	332	14,930	78,098	737	51.00
52.00	05200	4,013,100	625	47,986	119,309	7,028	52.00
53.00	05300	3,250,551	1,243	1,050	35,572	737	53.00
54.00	05400	7,662,623	888	27,235	94,094	4,245	54.00
55.00	05500	1,268,636	377	9,460	3,139	621	55.00
56.00	05600	2,201,252	80	8,179	5,553	621	56.00
57.00	05700	1,978,303	86	2,814	0	258	57.00
58.00	05800	1,125,465	186	3,527	0	0	58.00
59.00	05900	11,237,869	1,439	42,464	107,691	6,870	59.00
60.00	06000	13,760,604	600	20,367	1,085	4,698	60.00
65.00	06500	4,497,231	1,316	3,376	1,551	879	65.00
66.00	06600	7,854,576	166	9,556	30,926	3,192	66.00
69.00	06900	3,520,959	479	568	55,426	441	69.00
70.00	07000	1,477,771	121	1,961	9,517	459	70.00
71.00	07100	18,366,147	0	0	0	0	71.00
72.00	07200	28,096,556	0	0	0	0	72.00
73.00	07300	13,204,563	0	0	0	0	73.00
74.00	07400	711,258	36	10,239	2,763	0	74.00
76.00	03020	3,856,144	49	3,651	5,634	1,187	76.00
76.97	07697	768,513	559	7,482	0	153	76.97
76.98	07698	852,897	118	0	19,067	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	7,198,227	921	24,069	250,479	9,235	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	5,867,526	89	7,067	0	562	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		5.06	6.00	7.00	8.00	9.00		
116.00	11600	HOSPICE	1,195,205	19	259	0	62	116.00
117.00	06950	HOME INFUSION	2,692,104	212	1,726	824	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	307,090,617	33,929	941,784	2,749,254	152,694	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,096	30	2,535	0	153	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,240,137	513	169,361	32,931	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	2,183,524	268	215,339	3,838,742	411	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	504,639	17	197	0	0	194.01
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)	58,614,661	13,943,335	23,979,737	3,261,613	6,258,511	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.188260	401.166240	18.040512	0.492622	40.836439	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,752,389	439,763	8,082,516	1,364,259	183,901	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012052	12.652502	6.080664	0.206053	1.199944	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	274,536					10.00
11.00	01100		179,318				11.00
12.00	01200			0			12.00
13.00	01300		3,263	0	108,220		13.00
14.00	01400		1,607	0	0	46,193,390	14.00
15.00	01500		5,334	0	0	0	15.00
16.00	01600		4,923	0	0	0	16.00
17.00	01700		0	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		2,155	0	0	0	20.00
21.00	02100		13,305	0	0	0	21.00
22.00	02200		61	0	0	0	22.00
23.00	02300		170	0	0	0	23.00
23.01	02301		0	0	0	0	23.01
23.02	02302		0	0	0	0	23.02
23.03	02303		415	0	0	0	23.03
23.04	02304		102	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	187,898	31,842	0	31,842	0	30.00
31.00	03100	21,614	12,439	0	12,439	0	31.00
35.00	02040	0	8,039	0	8,039	0	35.00
40.00	04000	16,533	2,503	0	2,503	0	40.00
43.00	04300	0	965	0	965	0	43.00
44.00	04400	22,763	4,128	0	4,128	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	16,584	0	16,584	0	50.00
50.01	05001	0	1,567	0	1,567	0	50.01
50.02	05002	0	153	0	153	0	50.02
51.00	05100	0	2,877	0	2,877	0	51.00
52.00	05200	16,892	5,000	0	5,000	0	52.00
53.00	05300	0	2,779	0	2,779	0	53.00
54.00	05400	0	6,304	0	0	0	54.00
55.00	05500	0	478	0	478	0	55.00
56.00	05600	0	882	0	0	0	56.00
57.00	05700	0	1,015	0	0	0	57.00
58.00	05800	0	671	0	0	0	58.00
59.00	05900	0	7,687	0	0	0	59.00
60.00	06000	0	8,785	0	0	0	60.00
65.00	06500	0	5,681	0	0	0	65.00
66.00	06600	0	7,400	0	0	0	66.00
69.00	06900	0	3,700	0	0	0	69.00
70.00	07000	0	1,339	0	0	0	70.00
71.00	07100	0	0	0	0	18,825,145	71.00
72.00	07200	0	0	0	0	27,368,245	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	4,684	0	4,684	0	76.00
76.97	07697	0	894	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	3,508	7,405	0	7,405	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	6,020	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	757	0 116.00
117.00	06950	HOME INFUSION	0	0	0	0	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	269,208	177,136	0	108,220	46,193,390 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	68	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	NON REIMBURSABLE-OTHER	5,328	1,241	0	0	0 194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	856	0	0	0 194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,496,652	2,508,147	0	5,587,030	4,801,393 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.094079	13.987146	0.000000	51.626594	0.103941 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	186,415	416,211	0	527,983	822,414 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.679018	2.321078	0.000000	4.878793	0.017804 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00540						5.02
5.03	00550						5.03
5.04	00570						5.04
5.05	00560						5.05
5.06	00590						5.06
6.00	00600						6.00
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
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	14,253,898					16.00
17.00	01700	0	34,604				17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	1,560	0	0	0	15,191	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
23.01	02301	0	0	0	0		23.01
23.02	02302	0	0	0	0		23.02
23.03	02303	0	0	0	0		23.03
23.04	02304	0	0	0	0		23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	392,285	16,792	0	0	1,975	30.00
31.00	03100	210,496	800	0	0	3,212	31.00
35.00	02040	84,027	452	0	0	348	35.00
40.00	04000	2,998	416	0	0	84	40.00
43.00	04300	6,799	796	0	0	917	43.00
44.00	04400	30,891	862	0	0	818	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	109,018	0	0	0	278	50.00
50.01	05001	46,764	0	0	0	350	50.01
50.02	05002	1,736	0	0	0	0	50.02
51.00	05100	43,023	0	0	0	152	51.00
52.00	05200	29,689	0	0	0	4,749	52.00
53.00	05300	341,414	0	0	0	0	53.00
54.00	05400	13,534	0	0	0	0	54.00
55.00	05500	36	0	0	0	0	55.00
56.00	05600	15,888	0	0	0	0	56.00
57.00	05700	5,809	0	0	0	0	57.00
58.00	05800	2,443	0	0	0	0	58.00
59.00	05900	135,855	0	0	0	533	59.00
60.00	06000	16,395	0	0	0	0	60.00
65.00	06500	1,403	0	0	0	0	65.00
66.00	06600	203	0	0	0	0	66.00
69.00	06900	9,873	0	0	0	0	69.00
70.00	07000	313	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	12,541,735	0	0	0	0	73.00
74.00	07400	5,759	0	0	0	0	74.00
76.00	03020	15,526	0	0	0	0	76.00
76.97	07697	0	0	0	0	39	76.97
76.98	07698	53	0	0	0	315	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	181,553	14,486	0	0	636	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	785	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	HOME INFUSION	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,247,078	34,604	0	15,191	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,820	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,691,632	6,175,316	0	1,519,258	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.609772	178.456710	0.000000	100.010401	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,028,389	229,013	0	672,981	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.072148	6.618108	0.000000	44.301297	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED (ENDT) (ASSIGNED TIME)	
	21.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS - CON						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 COMMUNICATIONS						5.01
5.02 00540 INFORMATION SYSTEMS						5.02
5.03 00550 PURCHASING/RECEIVING/STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00560 PATIENT ACCOUNTING						5.05
5.06 00590 OTHER ADMIN & GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	25,050					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		25,050				22.00
23.00 02300 PARAMED (CLINICAL LAB SCIENCE)			100			23.00
23.01 02301 PARAMED (RESPIRATORY THERAPY)				100		23.01
23.02 02302 PARAMED (ENDT)					0	23.02
23.03 02303 PARAMED (PHARMACY)						23.03
23.04 02304 PARAMED (PASTORAL CARE)						23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	424	424	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,908	2,908	0	0	0	31.00
35.00 02040 HIGH RISK NEONATAL	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	173	173	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,449	9,449	0	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	0	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	758	758	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,000	10,000	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	100	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	100	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,338	1,338	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

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Cost Center Description	INTERNS & RESIDENTS						
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED (ENDT) (ASSIGNED TIME)		
	21.00	22.00	23.00	23.01	23.02		
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
117.00	06950	HOME INFUSION	0	0	0	0	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,050	25,050	100	100	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	NON REIMBURSABLE-OTHER	0	0	0	0	0 194.00
194.01	07951	NON REIMBURSABLE-FUND DEVELOPMENT	0	0	0	0	0 194.01
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)	12,077,884	3,420,234	177,346	18,975	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	482.151058	136.536287	1,773.460000	189.750000	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,301	454,570	9,303	5,331	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.079880	18.146507	93.030000	53.310000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
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Cost Center Description		PARAMED (PHARMACY) (ASSIGNED TIME)	PARAMED (PASTORAL CARE) (HOURS)	
		23.03	23.04	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
2.00	00200			2.00
4.00	00400			4.00
5.01	00580			5.01
5.02	00540			5.02
5.03	00550			5.03
5.04	00570			5.04
5.05	00560			5.05
5.06	00590			5.06
6.00	00600			6.00
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
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
23.01	02301			23.01
23.02	02302			23.02
23.03	02303	100		23.03
23.04	02304		47,590	23.04
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	0	14,933	30.00
31.00	03100	0	8,945	31.00
35.00	02040	0	1,810	35.00
40.00	04000	0	4,010	40.00
43.00	04300	0	67	43.00
44.00	04400	0	5,320	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	1,245	50.00
50.01	05001	0	0	50.01
50.02	05002	0	0	50.02
51.00	05100	0	555	51.00
52.00	05200	0	345	52.00
53.00	05300	0	0	53.00
54.00	05400	0	10	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	965	59.00
60.00	06000	0	0	60.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
69.00	06900	0	150	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	100	0	73.00
74.00	07400	0	280	74.00
76.00	03020	0	0	76.00
76.97	07697	0	0	76.97
76.98	07698	0	0	76.98
76.99	07699	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	0	8,955	91.00
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

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Cost Center Description		PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	
		23.03	23.04	
116.00	11600 HOSPICE	0	0	116.00
117.00	06950 HOME INFUSION	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	47,590	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 NON REIMBURSABLE-OTHER	0	0	194.00
194.01	07951 NON REIMBURSABLE-FUND DEVELOPMENT	0	0	194.01
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)	440,464	136,713	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4,404.640000	2.872725	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	15,295	6,952	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	152.950000	0.146081	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
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		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		46,355,196	250,220	46,605,416	30.00	
31.00	03100 INTENSIVE CARE UNIT		16,531,701	18,617	16,550,318	31.00	
35.00	02040 HIGH RISK NEONATAL		12,330,023	0	12,330,023	35.00	
40.00	04000 SUBPROVIDER - IPF		3,846,809	78,980	3,925,789	40.00	
43.00	04300 NURSERY		1,917,580	0	1,917,580	43.00	
44.00	04400 SKILLED NURSING FACILITY		5,514,559	4,722	5,519,281	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		42,382,853	0	42,382,853	50.00	
50.01	05001 GASTRODIAGNOSTIC UNIT		3,047,451	151,706	3,199,157	50.01	
50.02	05002 PAIN MANAGEMENT CENTER		362,163	7,280	369,443	50.02	
51.00	05100 RECOVERY ROOM		4,033,721	0	4,033,721	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,206,527	0	7,206,527	52.00	
53.00	05300 ANESTHESIOLOGY		4,818,238	0	4,818,238	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,268,918	0	10,268,918	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		1,887,663	0	1,887,663	55.00	
56.00	05600 RADIOISOTOPE		2,845,426	0	2,845,426	56.00	
57.00	05700 CT SCAN		2,464,279	0	2,464,279	57.00	
58.00	05800 MRI		1,486,466	0	1,486,466	58.00	
59.00	05900 CARDIAC CATHETERIZATION		15,276,895	0	15,276,895	59.00	
60.00	06000 LABORATORY		17,461,910	0	17,461,910	60.00	
65.00	06500 RESPIRATORY THERAPY	0	6,068,671	0	6,068,671	65.00	
66.00	06600 PHYSICAL THERAPY	0	9,821,481	0	9,821,481	66.00	
69.00	06900 ELECTROCARDIOLOGY		4,489,737	253,448	4,743,185	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,882,246	1,516	1,883,762	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		23,780,462	0	23,780,462	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		36,230,703	0	36,230,703	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		23,778,520	0	23,778,520	73.00	
74.00	07400 RENAL DIALYSIS		1,049,995	0	1,049,995	74.00	
76.00	03020 OTHER ANCILLARY		5,035,675	0	5,035,675	76.00	
76.97	07697 CARDIAC REHABILITATION		1,295,077	0	1,295,077	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,101,729	8,065	1,109,794	76.98	
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		13,160,506	0	13,160,506	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,201,924	0	2,201,924	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		7,547,592	0	7,547,592	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPI CE		1,474,121		1,474,121	116.00	
117.00	06950 HOME INFUSION		3,315,510		3,315,510	117.00	
200.00	Subtotal (see instructions)	0	342,272,327	774,554	343,046,881	200.00	
201.00	Less Observation Beds		2,201,924		2,201,924	201.00	
202.00	Total (see instructions)	0	340,070,403	774,554	340,844,957	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,883,236		76,883,236		30.00
31.00	03100	INTENSIVE CARE UNIT	42,568,000		42,568,000		31.00
35.00	02040	HIGH RISK NEONATAL	27,534,241		27,534,241		35.00
40.00	04000	SUBPROVIDER - IPF	5,113,355		5,113,355		40.00
43.00	04300	NURSERY	2,820,829		2,820,829		43.00
44.00	04400	SKILLED NURSING FACILITY	6,875,507		6,875,507		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,532,535	79,472,653	167,005,188	0.253782	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,140,423	21,719,054	26,859,477	0.113459	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	2,570,910	2,570,910	0.140870	50.02
51.00	05100	RECOVERY ROOM	6,024,330	10,641,699	16,666,029	0.242033	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,370,852	1,553,573	14,924,425	0.482868	52.00
53.00	05300	ANESTHESIOLOGY	11,350,886	19,166,409	30,517,295	0.157885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,279,808	42,789,000	63,068,808	0.162821	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	441,800	3,311,290	3,753,090	0.502962	55.00
56.00	05600	RADIOISOTOPE	3,585,118	22,046,659	25,631,777	0.111012	56.00
57.00	05700	CT SCAN	31,415,854	46,127,259	77,543,113	0.031779	57.00
58.00	05800	MRI	9,551,719	11,032,994	20,584,713	0.072212	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,325,346	121,889,605	182,214,951	0.083840	59.00
60.00	06000	LABORATORY	60,678,210	40,324,874	101,003,084	0.172885	60.00
65.00	06500	RESPIRATORY THERAPY	41,950,866	2,528,965	44,479,831	0.136436	65.00
66.00	06600	PHYSICAL THERAPY	18,581,168	23,428,479	42,009,647	0.233791	66.00
69.00	06900	ELECTROCARDIOLOGY	29,269,721	43,356,352	72,626,073	0.061820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,131,824	7,204,125	10,335,949	0.182107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,258,416	34,811,032	82,069,448	0.289760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,211,269	40,114,589	101,325,858	0.357566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,709,833	35,533,707	137,243,540	0.173258	73.00
74.00	07400	RENAL DIALYSIS	2,852,452	319,765	3,172,217	0.330997	74.00
76.00	03020	OTHER ANCILLARY	798,713	10,778,037	11,576,750	0.434982	76.00
76.97	07697	CARDIAC REHABILITATION	865,252	1,350,551	2,215,803	0.584473	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	114,884	3,811,639	3,926,523	0.280586	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,544,424	48,175,375	64,719,799	0.203346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	783,592	5,065,416	5,849,008	0.376461	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,469,570	6,469,570		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,011,416	2,011,416		116.00
117.00	06950	HOME INFUSION	0	3,975,322	3,975,322		117.00
200.00		Subtotal (see instructions)	796,564,463	691,580,319	1,488,144,782		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	796,564,463	691,580,319	1,488,144,782		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253782		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.119107		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.143701		50.02
51.00	05100	RECOVERY ROOM	0.242033		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.482868		52.00
53.00	05300	ANESTHESIOLOGY	0.157885		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162821		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.502962		55.00
56.00	05600	RADIOISOTOPE	0.111012		56.00
57.00	05700	CT SCAN	0.031779		57.00
58.00	05800	MRI	0.072212		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083840		59.00
60.00	06000	LABORATORY	0.172885		60.00
65.00	06500	RESPIRATORY THERAPY	0.136436		65.00
66.00	06600	PHYSICAL THERAPY	0.233791		66.00
69.00	06900	ELECTROCARDIOLOGY	0.065310		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182253		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.357566		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173258		73.00
74.00	07400	RENAL DIALYSIS	0.330997		74.00
76.00	03020	OTHER ANCILLARY	0.434982		76.00
76.97	07697	CARDIAC REHABILITATION	0.584473		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.282640		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.203346		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.376461		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOME INFUSION			117.00
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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
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		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	46,355,196	46,355,196	250,220	46,605,416	30.00	
31.00	03100 INTENSIVE CARE UNIT	16,531,701	16,531,701	18,617	16,550,318	31.00	
35.00	02040 HIGH RISK NEONATAL	12,330,023	12,330,023	0	12,330,023	35.00	
40.00	04000 SUBPROVIDER - IPF	3,846,809	3,846,809	78,980	3,925,789	40.00	
43.00	04300 NURSERY	1,917,580	1,917,580	0	1,917,580	43.00	
44.00	04400 SKILLED NURSING FACILITY	5,514,559	5,514,559	4,722	5,519,281	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	42,382,853	42,382,853	0	42,382,853	50.00	
50.01	05001 GASTRODIAGNOSTIC UNIT	3,047,451	3,047,451	151,706	3,199,157	50.01	
50.02	05002 PAIN MANAGEMENT CENTER	362,163	362,163	7,280	369,443	50.02	
51.00	05100 RECOVERY ROOM	4,033,721	4,033,721	0	4,033,721	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,206,527	7,206,527	0	7,206,527	52.00	
53.00	05300 ANESTHESIOLOGY	4,818,238	4,818,238	0	4,818,238	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,268,918	10,268,918	0	10,268,918	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	1,887,663	1,887,663	0	1,887,663	55.00	
56.00	05600 RADIOISOTOPE	2,845,426	2,845,426	0	2,845,426	56.00	
57.00	05700 CT SCAN	2,464,279	2,464,279	0	2,464,279	57.00	
58.00	05800 MRI	1,486,466	1,486,466	0	1,486,466	58.00	
59.00	05900 CARDIAC CATHETERIZATION	15,276,895	15,276,895	0	15,276,895	59.00	
60.00	06000 LABORATORY	17,461,910	17,461,910	0	17,461,910	60.00	
65.00	06500 RESPIRATORY THERAPY	6,068,671	6,068,671	0	6,068,671	65.00	
66.00	06600 PHYSICAL THERAPY	9,821,481	9,821,481	0	9,821,481	66.00	
69.00	06900 ELECTROCARDIOLOGY	4,489,737	4,489,737	253,448	4,743,185	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,882,246	1,882,246	1,516	1,883,762	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	23,780,462	23,780,462	0	23,780,462	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	36,230,703	36,230,703	0	36,230,703	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	23,778,520	23,778,520	0	23,778,520	73.00	
74.00	07400 RENAL DIALYSIS	1,049,995	1,049,995	0	1,049,995	74.00	
76.00	03020 OTHER ANCILLARY	5,035,675	5,035,675	0	5,035,675	76.00	
76.97	07697 CARDIAC REHABILITATION	1,295,077	1,295,077	0	1,295,077	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,101,729	1,101,729	8,065	1,109,794	76.98	
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	13,160,506	13,160,506	0	13,160,506	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,201,924	2,201,924	0	2,201,924	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	7,547,592	7,547,592	0	7,547,592	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPI CE	1,474,121	1,474,121		1,474,121	116.00	
117.00	06950 HOME INFUSION	3,315,510	3,315,510		3,315,510	117.00	
200.00	Subtotal (see instructions)	342,272,327	342,272,327	774,554	343,046,881	200.00	
201.00	Less Observation Beds	2,201,924	2,201,924		2,201,924	201.00	
202.00	Total (see instructions)	340,070,403	340,070,403	774,554	340,844,957	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
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		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,883,236		76,883,236		30.00
31.00	03100	INTENSIVE CARE UNIT	42,568,000		42,568,000		31.00
35.00	02040	HIGH RISK NEONATAL	27,534,241		27,534,241		35.00
40.00	04000	SUBPROVIDER - IPF	5,113,355		5,113,355		40.00
43.00	04300	NURSERY	2,820,829		2,820,829		43.00
44.00	04400	SKILLED NURSING FACILITY	6,875,507		6,875,507		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,532,535	79,472,653	167,005,188	0.253782	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	5,140,423	21,719,054	26,859,477	0.113459	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	2,570,910	2,570,910	0.140870	50.02
51.00	05100	RECOVERY ROOM	6,024,330	10,641,699	16,666,029	0.242033	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,370,852	1,553,573	14,924,425	0.482868	52.00
53.00	05300	ANESTHESIOLOGY	11,350,886	19,166,409	30,517,295	0.157885	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,279,808	42,789,000	63,068,808	0.162821	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	441,800	3,311,290	3,753,090	0.502962	55.00
56.00	05600	RADIOISOTOPE	3,585,118	22,046,659	25,631,777	0.111012	56.00
57.00	05700	CT SCAN	31,415,854	46,127,259	77,543,113	0.031779	57.00
58.00	05800	MRI	9,551,719	11,032,994	20,584,713	0.072212	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,325,346	121,889,605	182,214,951	0.083840	59.00
60.00	06000	LABORATORY	60,678,210	40,324,874	101,003,084	0.172885	60.00
65.00	06500	RESPIRATORY THERAPY	41,950,866	2,528,965	44,479,831	0.136436	65.00
66.00	06600	PHYSICAL THERAPY	18,581,168	23,428,479	42,009,647	0.233791	66.00
69.00	06900	ELECTROCARDIOLOGY	29,269,721	43,356,352	72,626,073	0.061820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,131,824	7,204,125	10,335,949	0.182107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,258,416	34,811,032	82,069,448	0.289760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,211,269	40,114,589	101,325,858	0.357566	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,709,833	35,533,707	137,243,540	0.173258	73.00
74.00	07400	RENAL DIALYSIS	2,852,452	319,765	3,172,217	0.330997	74.00
76.00	03020	OTHER ANCILLARY	798,713	10,778,037	11,576,750	0.434982	76.00
76.97	07697	CARDIAC REHABILITATION	865,252	1,350,551	2,215,803	0.584473	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	114,884	3,811,639	3,926,523	0.280586	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	16,544,424	48,175,375	64,719,799	0.203346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	783,592	5,065,416	5,849,008	0.376461	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,469,570	6,469,570		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,011,416	2,011,416		116.00
117.00	06950	HOME INFUSION	0	3,975,322	3,975,322		117.00
200.00		Subtotal (see instructions)	796,564,463	691,580,319	1,488,144,782		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	796,564,463	691,580,319	1,488,144,782		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
35.00	02040	HIGH RISK NEONATAL			35.00
40.00	04000	SUBPROVIDER - I/PF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.000000		50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	OTHER ANCILLARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
117.00	06950	HOME INFUSION			117.00
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: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/24/2015 3:24 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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,262,117	0	6,262,117	62,566	100.09	30.00
31.00	INTENSIVE CARE UNIT	1,473,407		1,473,407	13,594	108.39	31.00
35.00	HIGH RISK NEONATAL	830,872		830,872	12,534	66.29	35.00
40.00	SUBPROVIDER - IPF	533,406	0	533,406	4,988	106.94	40.00
43.00	NURSERY	191,364		191,364	2,858	66.96	43.00
44.00	SKILLED NURSING FACILITY	508,832		508,832	9,650	52.73	44.00
200.00	Total (lines 30-199)	9,799,998		9,799,998	106,190		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	23,481	2,350,213				
31.00	INTENSIVE CARE UNIT	6,727	729,140				
35.00	HIGH RISK NEONATAL	0	0				
40.00	SUBPROVIDER - IPF	2,966	317,184				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	5,041	265,812				
200.00	Total (lines 30-199)	38,215	3,662,349				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		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	7,230,744	167,005,188	0.043297	44,131,455	1,910,760	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	467,777	26,859,477	0.017416	2,515,488	43,810	50.01
50.02	05002	PAIN MANAGEMENT CENTER	63,221	2,570,910	0.024591	0	0	50.02
51.00	05100	RECOVERY ROOM	459,811	16,666,029	0.027590	3,528,976	97,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,055,782	14,924,425	0.070742	0	0	52.00
53.00	05300	ANESTHESIOLOGY	646,162	30,517,295	0.021174	4,026,281	85,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,963,252	63,068,808	0.046984	9,540,575	448,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	627,420	3,753,090	0.167174	165,931	27,739	55.00
56.00	05600	RADIOISOTOPE	436,900	25,631,777	0.017045	1,868,667	31,851	56.00
57.00	05700	CT SCAN	593,846	77,543,113	0.007658	8,609,377	65,931	57.00
58.00	05800	MRI	455,365	20,584,713	0.022122	3,284,922	72,669	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,480,097	182,214,951	0.013611	31,317,752	426,266	59.00
60.00	06000	LABORATORY	1,433,703	101,003,084	0.014195	24,109,920	342,240	60.00
65.00	06500	RESPIRATORY THERAPY	379,691	44,479,831	0.008536	16,596,838	141,671	65.00
66.00	06600	PHYSICAL THERAPY	715,431	42,009,647	0.017030	7,380,617	125,692	66.00
69.00	06900	ELECTROCARDIOLOGY	535,717	72,626,073	0.007376	14,446,184	106,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	231,129	10,335,949	0.022362	908,667	20,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	615,667	82,069,448	0.007502	20,629,229	154,760	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	905,121	101,325,858	0.008933	31,390,050	280,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,130,607	137,243,540	0.008238	37,207,153	306,513	73.00
74.00	07400	RENAL DIALYSIS	134,391	3,172,217	0.042365	1,958,671	82,979	74.00
76.00	03020	OTHER ANCILLARY	184,803	11,576,750	0.015963	463,987	7,407	76.00
76.97	07697	CARDIAC REHABILITATION	258,268	2,215,803	0.116557	480,859	56,047	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	33,973	3,926,523	0.008652	12,011	104	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,268,870	64,719,799	0.019606	5,867,643	115,041	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	295,862	5,849,008	0.050583	426,290	21,563	92.00
200.00		Total (lines 50-199)	25,603,610	1,313,893,306		270,867,543	4,971,195	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	197,521	42,898	0	0	240,419	30.00
31.00	03100	INTENSIVE CARE UNIT	321,233	25,697	0	0	346,930	31.00
35.00	02040	HIGH RISK NEONATAL	34,804	5,200	0	0	40,004	35.00
40.00	04000	SUBPROVIDER - I/PF	8,401	11,520	0	0	19,921	40.00
43.00	04300	NURSERY	91,710	192	0	0	91,902	43.00
44.00	04400	SKILLED NURSING FACILITY	81,809	15,283	0	0	97,092	44.00
200.00		Total (lines 30-199)	735,478	100,790	0	0	836,268	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	62,566	3.84	23,481	90,167		30.00
31.00	03100	INTENSIVE CARE UNIT	13,594	25.52	6,727	171,673		31.00
35.00	02040	HIGH RISK NEONATAL	12,534	3.19	0	0		35.00
40.00	04000	SUBPROVIDER - I/PF	4,988	3.99	2,966	11,834		40.00
43.00	04300	NURSERY	2,858	32.16	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	9,650	10.06	5,041	50,712		44.00
200.00		Total (lines 30-199)	106,190		38,215	324,386		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
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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	27,803	3,577	0	31,380	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0	35,004	0	0	35,004	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	15,202	1,594	0	16,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	474,947	991	0	475,938	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	29	0	29	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	53,306	2,772	0	56,078	59.00
60.00	06000	LABORATORY	0	0	177,346	0	177,346	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	18,975	0	18,975	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	431	0	431	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	440,464	0	440,464	73.00
74.00	07400	RENAL DIALYSIS	0	0	804	0	804	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,900	0	0	3,900	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	31,503	0	0	31,503	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	63,607	25,725	0	89,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,332	2,026	0	11,358	92.00
200.00		Total (Lines 50-199)	0	714,604	674,734	0	1,389,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description	Title XVIII			Hospital		PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,380	167,005,188	0.000188	0.000188	44,131,455	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	35,004	26,859,477	0.001303	0.001303	2,515,488	50.01
50.02	05002	PAIN MANAGEMENT CENTER	0	2,570,910	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	16,796	16,666,029	0.001008	0.001008	3,528,976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	475,938	14,924,425	0.031890	0.031890	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30,517,295	0.000000	0.000000	4,026,281	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29	63,068,808	0.000000	0.000000	9,540,575	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,753,090	0.000000	0.000000	165,931	55.00
56.00	05600	RADIOISOTOPE	0	25,631,777	0.000000	0.000000	1,868,667	56.00
57.00	05700	CT SCAN	0	77,543,113	0.000000	0.000000	8,609,377	57.00
58.00	05800	MRI	0	20,584,713	0.000000	0.000000	3,284,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,078	182,214,951	0.000308	0.000308	31,317,752	59.00
60.00	06000	LABORATORY	177,346	101,003,084	0.001756	0.001756	24,109,920	60.00
65.00	06500	RESPIRATORY THERAPY	18,975	44,479,831	0.000427	0.000427	16,596,838	65.00
66.00	06600	PHYSICAL THERAPY	0	42,009,647	0.000000	0.000000	7,380,617	66.00
69.00	06900	ELECTROCARDIOLOGY	431	72,626,073	0.000006	0.000006	14,446,184	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,335,949	0.000000	0.000000	908,667	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,069,448	0.000000	0.000000	20,629,229	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	101,325,858	0.000000	0.000000	31,390,050	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	440,464	137,243,540	0.003209	0.003209	37,207,153	73.00
74.00	07400	RENAL DIALYSIS	804	3,172,217	0.000253	0.000253	1,958,671	74.00
76.00	03020	OTHER ANCILLARY	0	11,576,750	0.000000	0.000000	463,987	76.00
76.97	07697	CARDIAC REHABILITATION	3,900	2,215,803	0.001760	0.001760	480,859	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	31,503	3,926,523	0.008023	0.008023	12,011	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	89,332	64,719,799	0.001380	0.001380	5,867,643	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	11,358	5,849,008	0.001942	0.001942	426,290	92.00
200.00		Total (lines 50-199)	1,389,338	1,313,893,306			270,867,543	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	8,297	30,023,222	5,644	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	3,278	5,030,643	6,555	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	903,008	0	50.02
51.00 05100 RECOVERY ROOM	3,557	2,568,548	2,589	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,376,223	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	10,280,889	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,005,252	0	55.00
56.00 05600 RADIOISOTOPE	0	9,551,865	0	56.00
57.00 05700 CT SCAN	0	8,705,646	0	57.00
58.00 05800 MRI	0	268,960	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,646	47,468,754	14,620	59.00
60.00 06000 LABORATORY	42,337	5,665,364	9,948	60.00
65.00 06500 RESPIRATORY THERAPY	7,087	583,841	249	65.00
66.00 06600 PHYSICAL THERAPY	0	270,737	0	66.00
69.00 06900 ELECTROCARDIOLOGY	87	19,423,804	117	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,599,723	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,003,148	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,815,447	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	119,398	9,859,840	31,640	73.00
74.00 07400 RENAL DIALYSIS	496	113,518	29	74.00
76.00 03020 OTHER ANCILLARY	0	659,726	0	76.00
76.97 07697 CARDIAC REHABILITATION	846	469,659	827	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	96	1,226,625	9,841	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	8,097	6,533,904	9,017	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	828	746,470	1,450	92.00
200.00 Total (lines 50-199)	204,050	198,154,816	92,526	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 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	0.253782	30,023,222	0	0	7,619,353	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.113459	5,030,643	0	0	570,772	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.140870	903,008	44	0	127,207	50.02
51.00 05100 RECOVERY ROOM	0.242033	2,568,548	0	0	621,673	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.482868	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.157885	4,376,223	11	0	690,940	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.162821	10,280,889	8,191	0	1,673,945	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.502962	1,005,252	0	0	505,604	55.00
56.00 05600 RADIOISOTOPE	0.111012	9,551,865	0	0	1,060,372	56.00
57.00 05700 CT SCAN	0.031779	8,705,646	6	0	276,657	57.00
58.00 05800 MRI	0.072212	268,960	0	0	19,422	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083840	47,468,754	22	0	3,979,780	59.00
60.00 06000 LABORATORY	0.172885	5,665,364	27,313	0	979,456	60.00
65.00 06500 RESPIRATORY THERAPY	0.136436	583,841	2,218	0	79,657	65.00
66.00 06600 PHYSICAL THERAPY	0.233791	270,737	0	0	63,296	66.00
69.00 06900 ELECTROCARDIOLOGY	0.061820	19,423,804	0	0	1,200,780	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.182107	1,599,723	0	0	291,321	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	12,003,148	0	0	3,478,032	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.357566	18,815,447	78,750	0	6,727,764	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.173258	9,859,840	259	258,354	1,708,296	73.00
74.00 07400 RENAL DIALYSIS	0.330997	113,518	3	0	37,574	74.00
76.00 03020 OTHER ANCILLARY	0.434982	659,726	421	0	286,969	76.00
76.97 07697 CARDIAC REHABILITATION	0.584473	469,659	0	0	274,503	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.280586	1,226,625	43	0	344,174	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.203346	6,533,904	0	0	1,328,643	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.376461	746,470	0	0	281,017	92.00
200.00 Subtotal (see instructions)		198,154,816	117,281	258,354	34,227,207	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)		198,154,816	117,281	258,354	34,227,207	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 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
50.01	05001	GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02	05002	PAIN MANAGEMENT CENTER	6	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,334	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2	0	59.00
60.00	06000	LABORATORY	4,722	0	60.00
65.00	06500	RESPIRATORY THERAPY	303	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,158	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45	44,762	73.00
74.00	07400	RENAL DIALYSIS	1	0	74.00
76.00	03020	OTHER ANCILLARY	183	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	12	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	34,768	44,762	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	34,768	44,762	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140053 Component CCN: 14S053		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/24/2015 3:24 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	7,230,744	167,005,188	0.043297	18,945	820	50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	467,777	26,859,477	0.017416	21,690	378	50.01
50.02	05002	PAIN MANAGEMENT CENTER	63,221	2,570,910	0.024591	0	0	50.02
51.00	05100	RECOVERY ROOM	459,811	16,666,029	0.027590	13,232	365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,055,782	14,924,425	0.070742	0	0	52.00
53.00	05300	ANESTHESIOLOGY	646,162	30,517,295	0.021174	31,938	676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,963,252	63,068,808	0.046984	78,058	3,667	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	627,420	3,753,090	0.167174	72	12	55.00
56.00	05600	RADIOISOTOPE	436,900	25,631,777	0.017045	0	0	56.00
57.00	05700	CT SCAN	593,846	77,543,113	0.007658	95,050	728	57.00
58.00	05800	MRI	455,365	20,584,713	0.022122	93,745	2,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,480,097	182,214,951	0.013611	37,227	507	59.00
60.00	06000	LABORATORY	1,433,703	101,003,084	0.014195	398,754	5,660	60.00
65.00	06500	RESPIRATORY THERAPY	379,691	44,479,831	0.008536	83,661	714	65.00
66.00	06600	PHYSICAL THERAPY	715,431	42,009,647	0.017030	126,870	2,161	66.00
69.00	06900	ELECTROCARDIOLOGY	535,717	72,626,073	0.007376	94,873	700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	231,129	10,335,949	0.022362	5,889	132	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	615,667	82,069,448	0.007502	139,813	1,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	905,121	101,325,858	0.008933	2,439	22	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,130,607	137,243,540	0.008238	818,978	6,747	73.00
74.00	07400	RENAL DIALYSIS	134,391	3,172,217	0.042365	20,079	851	74.00
76.00	03020	OTHER ANCILLARY	184,803	11,576,750	0.015963	121,267	1,936	76.00
76.97	07697	CARDIAC REHABILITATION	258,268	2,215,803	0.116557	267	31	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	33,973	3,926,523	0.008652	51	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,268,870	64,719,799	0.019606	107,768	2,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,849,008	0.000000	0	0	92.00
200.00		Total (lines 50-199)	25,307,748	1,313,893,306		2,310,666	31,343	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	27,803	3,577	0	31,380	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0	35,004	0	0	35,004	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	15,202	1,594	0	16,796	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	474,947	991	0	475,938	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	29	0	29	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	53,306	2,772	0	56,078	59.00
60.00	06000 LABORATORY	0	0	177,346	0	177,346	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	18,975	0	18,975	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	431	0	431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	440,464	0	440,464	73.00
74.00	07400 RENAL DIALYSIS	0	0	804	0	804	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,900	0	0	3,900	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	31,503	0	0	31,503	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	63,607	25,725	0	89,332	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	705,272	672,708	0	1,377,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	31,380	167,005,188	0.000188	0.000188	18,945	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	35,004	26,859,477	0.001303	0.001303	21,690	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	2,570,910	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	16,796	16,666,029	0.001008	0.001008	13,232	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	475,938	14,924,425	0.031890	0.031890	0	52.00
53.00 05300 ANESTHESIOLOGY	0	30,517,295	0.000000	0.000000	31,938	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	29	63,068,808	0.000000	0.000000	78,058	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	3,753,090	0.000000	0.000000	72	55.00
56.00 05600 RADIOISOTOPE	0	25,631,777	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	77,543,113	0.000000	0.000000	95,050	57.00
58.00 05800 MRI	0	20,584,713	0.000000	0.000000	93,745	58.00
59.00 05900 CARDIAC CATHETERIZATION	56,078	182,214,951	0.000308	0.000308	37,227	59.00
60.00 06000 LABORATORY	177,346	101,003,084	0.001756	0.001756	398,754	60.00
65.00 06500 RESPIRATORY THERAPY	18,975	44,479,831	0.000427	0.000427	83,661	65.00
66.00 06600 PHYSICAL THERAPY	0	42,009,647	0.000000	0.000000	126,870	66.00
69.00 06900 ELECTROCARDIOLOGY	431	72,626,073	0.000006	0.000006	94,873	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	10,335,949	0.000000	0.000000	5,889	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,069,448	0.000000	0.000000	139,813	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	101,325,858	0.000000	0.000000	2,439	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	440,464	137,243,540	0.003209	0.003209	818,978	73.00
74.00 07400 RENAL DIALYSIS	804	3,172,217	0.000253	0.000253	20,079	74.00
76.00 03020 OTHER ANCILLARY	0	11,576,750	0.000000	0.000000	121,267	76.00
76.97 07697 CARDIAC REHABILITATION	3,900	2,215,803	0.001760	0.001760	267	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	31,503	3,926,523	0.008023	0.008023	51	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	89,332	64,719,799	0.001380	0.001380	107,768	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,849,008	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,377,980	1,313,893,306			2,310,666	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	4	181	0	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	28	0	0	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00	05100 RECOVERY ROOM	13	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,282	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	2,139	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	11	3	0	59.00
60.00	06000 LABORATORY	700	18,607	33	60.00
65.00	06500 RESPIRATORY THERAPY	36	653	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1	3,530	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	553	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,628	2,796	9	73.00
74.00	07400 RENAL DIALYSIS	5	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	45	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	149	36,163	50	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	21,896	0	92.00
200.00	Total (lines 50-199)	3,575	87,848	92	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Subprovider - IPF	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	0.253782	181	0	0	46	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.113459	0	0	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.140870	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.242033	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.482868	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.157885	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.162821	1,282	0	0	209	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.502962	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.111012	0	0	0	0	56.00
57.00 05700 CT SCAN	0.031779	2,139	0	0	68	57.00
58.00 05800 MRI	0.072212	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083840	3	0	0	0	59.00
60.00 06000 LABORATORY	0.172885	18,607	0	0	3,217	60.00
65.00 06500 RESPIRATORY THERAPY	0.136436	653	0	0	89	65.00
66.00 06600 PHYSICAL THERAPY	0.233791	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.061820	3,530	0	0	218	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.182107	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	553	0	0	160	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.357566	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.173258	2,796	0	0	484	73.00
74.00 07400 RENAL DIALYSIS	0.330997	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.434982	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.584473	45	0	0	26	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0.280586	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.203346	36,163	0	0	7,354	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.376461	21,896	0	0	8,243	92.00
200.00 Subtotal (see instructions)		87,848	0	0	20,114	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		87,848	0	0	20,114	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 pm PPS
		Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	27,803	3,577	0	31,380	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0	35,004	0	0	35,004	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	15,202	1,594	0	16,796	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	474,947	991	0	475,938	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	29	0	29	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	53,306	2,772	0	56,078	59.00
60.00	06000 LABORATORY	0	0	177,346	0	177,346	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	18,975	0	18,975	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	431	0	431	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	440,464	0	440,464	73.00
74.00	07400 RENAL DIALYSIS	0	0	804	0	804	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	3,900	0	0	3,900	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	31,503	0	0	31,503	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	63,607	25,725	0	89,332	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	705,272	672,708	0	1,377,980	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140053 Component CCN: 145225		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm	
				Title XVIII		Skilled Nursing Facility	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,380	167,005,188	0.000188	0.000188	23,673	50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	35,004	26,859,477	0.001303	0.001303	9,222	50.01
50.02	05002 PAIN MANAGEMENT CENTER	0	2,570,910	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	16,796	16,666,029	0.001008	0.001008	90	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	475,938	14,924,425	0.031890	0.031890	0	52.00
53.00	05300 ANESTHESIOLOGY	0	30,517,295	0.000000	0.000000	11,432	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29	63,068,808	0.000000	0.000000	132,573	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,753,090	0.000000	0.000000	10,939	55.00
56.00	05600 RADIOISOTOPE	0	25,631,777	0.000000	0.000000	3,259	56.00
57.00	05700 CT SCAN	0	77,543,113	0.000000	0.000000	5,448	57.00
58.00	05800 MRI	0	20,584,713	0.000000	0.000000	3,598	58.00
59.00	05900 CARDIAC CATHETERIZATION	56,078	182,214,951	0.000308	0.000308	30,999	59.00
60.00	06000 LABORATORY	177,346	101,003,084	0.001756	0.001756	427,063	60.00
65.00	06500 RESPIRATORY THERAPY	18,975	44,479,831	0.000427	0.000427	520,045	65.00
66.00	06600 PHYSICAL THERAPY	0	42,009,647	0.000000	0.000000	2,341,181	66.00
69.00	06900 ELECTROCARDIOLOGY	431	72,626,073	0.000006	0.000006	53,487	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,335,949	0.000000	0.000000	953	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	82,069,448	0.000000	0.000000	674,134	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	101,325,858	0.000000	0.000000	375	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	440,464	137,243,540	0.003209	0.003209	2,590,629	73.00
74.00	07400 RENAL DIALYSIS	804	3,172,217	0.000253	0.000253	100,314	74.00
76.00	03020 OTHER ANCILLARY	0	11,576,750	0.000000	0.000000	4,789	76.00
76.97	07697 CARDIAC REHABILITATION	3,900	2,215,803	0.001760	0.001760	1,427	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	31,503	3,926,523	0.008023	0.008023	7,754	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	89,332	64,719,799	0.001380	0.001380	7,565	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,849,008	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	1,377,980	1,313,893,306			6,960,949	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/24/2015 3:24 pm
	Component CCN: 145225	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	4	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	12	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10	0	0	59.00
60.00 06000 LABORATORY	750	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	222	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,313	15,854	51	73.00
74.00 07400 RENAL DIALYSIS	25	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	3	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	62	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	10	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	9,411	15,854	51	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.253782	0	0	0	0	50.00
50.01 05001 GASTRODIAGNOSTIC UNIT	0.113459	0	0	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0.140870	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0.242033	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.482868	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.157885	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.162821	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.502962	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.111012	0	0	0	0	56.00
57.00 05700 CT SCAN	0.031779	0	0	0	0	57.00
58.00 05800 MRI	0.072212	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083840	0	0	0	0	59.00
60.00 06000 LABORATORY	0.172885	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.136436	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.233791	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.061820	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.182107	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.357566	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.173258	15,854	0	0	2,747	73.00
74.00 07400 RENAL DIALYSIS	0.330997	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.434982	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.584473	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.280586	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0.203346	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.376461	0	0	0	0	92.00
200.00 Subtotal (see instructions)			15,854	0	2,747	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)			15,854	0	2,747	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/24/2015 3:24 pm PPS
		Title XVIII	Skilled Nursing Facility

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
50.01 05001 GASTRODIAGNOSTIC UNIT	0	0	50.01
50.02 05002 PAIN MANAGEMENT CENTER	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/24/2015 3:24 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)		62,566	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		62,566	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)		59,610	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)		23,481	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		46,605,416	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		46,605,416	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		46,605,416	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)		744.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,490,997	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)		17,490,997	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		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	16,550,318	13,594	1,217.47	6,727	8,189,921	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	HIGH RISK NEONATAL	12,330,023	12,534	983.73	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					53,373,458	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					79,054,376	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)					3,341,193	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,175,245	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,516,438	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					70,537,938	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)					2,956	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					744.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,201,924	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:24 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	6,262,117	46,605,416	0.134365	2,201,924	295,862	90.00
91.00	Nursing School cost	197,521	46,605,416	0.004238	2,201,924	9,332	91.00
92.00	Allied health cost	42,898	46,605,416	0.000920	2,201,924	2,026	92.00
93.00	All other Medical Education	0	46,605,416	0.000000	2,201,924	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14S053		Date/Time Prepared: 11/24/2015 3:24 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)		4,988	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,988	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)		4,988	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,966	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)		3,925,789	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,925,789	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)		3,925,789	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)		787.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,334,390	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,334,390	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1		
		Component CCN: 14S053				Date/Time Prepared: 11/24/2015 3:24 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		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 HIGH RISK NEONATAL	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						423,334		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,757,724		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)						329,018		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						34,918		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						363,936		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,393,788		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: 140053 Component CCN: 14S053		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:24 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	533,406	3,925,789	0.135872	0	0	90.00
91.00	Nursing School cost	8,401	3,925,789	0.002140	0	0	91.00
92.00	Allied health cost	11,520	3,925,789	0.002934	0	0	92.00
93.00	All other Medical Education	0	3,925,789	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,650	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,650	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,650	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)		5,041	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)		5,519,281	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)		5,519,281	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)		5,519,281	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1	
		Component CCN: 145225		Date/Time Prepared: 11/24/2015 3:24 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
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	HIGH RISK NEONATAL				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				5,519,281 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				571.95 71.00
72.00	Program routine service cost (line 9 x line 71)				2,883,200 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				2,883,200 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				2,883,200 83.00
84.00	Program inpatient ancillary services (see instructions)				1,419,130 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				4,302,330 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: 140053 Component CCN: 145225		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/24/2015 3:24 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:24 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		30,066,783	30.00
31.00	03100	INTENSIVE CARE UNIT		17,106,997	31.00
35.00	02040	HIGH RISK NEONATAL		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.253782	44,131,455	11,199,769 50.00
50.01	05001	GASTRODIAGNOSTIC UNIT	0.119107	2,515,488	299,612 50.01
50.02	05002	PAIN MANAGEMENT CENTER	0.143701	0	0 50.02
51.00	05100	RECOVERY ROOM	0.242033	3,528,976	854,129 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.482868	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.157885	4,026,281	635,689 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162821	9,540,575	1,553,406 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.502962	165,931	83,457 55.00
56.00	05600	RADIOISOTOPE	0.111012	1,868,667	207,444 56.00
57.00	05700	CT SCAN	0.031779	8,609,377	273,597 57.00
58.00	05800	MRI	0.072212	3,284,922	237,211 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083840	31,317,752	2,625,680 59.00
60.00	06000	LABORATORY	0.172885	24,109,920	4,168,244 60.00
65.00	06500	RESPIRATORY THERAPY	0.136436	16,596,838	2,264,406 65.00
66.00	06600	PHYSICAL THERAPY	0.233791	7,380,617	1,725,522 66.00
69.00	06900	ELECTROCARDIOLOGY	0.065310	14,446,184	943,480 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182253	908,667	165,607 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	20,629,229	5,977,525 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.357566	31,390,050	11,224,015 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173258	37,207,153	6,446,437 73.00
74.00	07400	RENAL DIALYSIS	0.330997	1,958,671	648,314 74.00
76.00	03020	OTHER ANCILLARY	0.434982	463,987	201,826 76.00
76.97	07697	CARDIAC REHABILITATION	0.584473	480,859	281,049 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.282640	12,011	3,395 76.98
76.99	07699	LITHOTRIpsy	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.203346	5,867,643	1,193,162 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.376461	426,290	160,482 92.00
200.00		Total (sum of lines 50-94 and 96-98)		270,867,543	53,373,458 200.00
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)		270,867,543	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053 Component CCN: 14S053	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
35.00	02040 HIGH RISK NEONATAL		0	35.00
40.00	04000 SUBPROVIDER - IPF		2,987,760	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.253782	18,945	4,808 50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.119107	21,690	2,583 50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.143701	0	0 50.02
51.00	05100 RECOVERY ROOM	0.242033	13,232	3,203 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.482868	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.157885	31,938	5,043 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162821	78,058	12,709 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.502962	72	36 55.00
56.00	05600 RADIOISOTOPE	0.111012	0	0 56.00
57.00	05700 CT SCAN	0.031779	95,050	3,021 57.00
58.00	05800 MRI	0.072212	93,745	6,770 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083840	37,227	3,121 59.00
60.00	06000 LABORATORY	0.172885	398,754	68,939 60.00
65.00	06500 RESPIRATORY THERAPY	0.136436	83,661	11,414 65.00
66.00	06600 PHYSICAL THERAPY	0.233791	126,870	29,661 66.00
69.00	06900 ELECTROCARDIOLOGY	0.065310	94,873	6,196 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182253	5,889	1,073 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	139,813	40,512 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357566	2,439	872 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173258	818,978	141,894 73.00
74.00	07400 RENAL DIALYSIS	0.330997	20,079	6,646 74.00
76.00	03020 OTHER ANCILLARY	0.434982	121,267	52,749 76.00
76.97	07697 CARDIAC REHABILITATION	0.584473	267	156 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.282640	51	14 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.203346	107,768	21,914 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.376461	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,310,666	423,334 200.00
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)		2,310,666	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
35.00	02040 HIGH RISK NEONATAL		0	35.00
40.00	04000 SUBPROVIDER - I/PF		0	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.253782	23,673	6,008 50.00
50.01	05001 GASTRODIAGNOSTIC UNIT	0.113459	9,222	1,046 50.01
50.02	05002 PAIN MANAGEMENT CENTER	0.140870	0	0 50.02
51.00	05100 RECOVERY ROOM	0.242033	90	22 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.482868	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.157885	11,432	1,805 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162821	132,573	21,586 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.502962	10,939	5,502 55.00
56.00	05600 RADIOISOTOPE	0.111012	3,259	362 56.00
57.00	05700 CT SCAN	0.031779	5,448	173 57.00
58.00	05800 MRI	0.072212	3,598	260 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083840	30,999	2,599 59.00
60.00	06000 LABORATORY	0.172885	427,063	73,833 60.00
65.00	06500 RESPIRATORY THERAPY	0.136436	520,045	70,953 65.00
66.00	06600 PHYSICAL THERAPY	0.233791	2,341,181	547,347 66.00
69.00	06900 ELECTROCARDIOLOGY	0.061820	53,487	3,307 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182107	953	174 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.289760	674,134	195,337 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.357566	375	134 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173258	2,590,629	448,847 73.00
74.00	07400 RENAL DIALYSIS	0.330997	100,314	33,204 74.00
76.00	03020 OTHER ANCILLARY	0.434982	4,789	2,083 76.00
76.97	07697 CARDIAC REHABILITATION	0.584473	1,427	834 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.280586	7,754	2,176 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.203346	7,565	1,538 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.376461	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,960,949	1,419,130 200.00
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)		6,960,949	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:24 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,665,662		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		45,080,307		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)		2,433,205		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		16,065,546		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		356.90		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)		59.19		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)		59.19		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		95.34		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)		59.19		12.00
13.00	Total allowable FTE count for the prior year.		59.19		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.		59.19		14.00
15.00	Sum of lines 12 through 14 divided by 3.		59.19		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		59.19		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.165845		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.169298		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.165845		21.00
22.00	IME payment adjustment (see instructions)		6,648,651		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)		36.15		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)		6,648,651		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:24 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.80		30.00
31.00	Percentage of Medicaid patient days (see instructions)		34.03		31.00
32.00	Sum of lines 30 and 31		37.83		32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.42		33.00
34.00	Disproportionate share adjustment (see instructions)		3,101,082		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000696354	0.000718001	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		6,299,483	5,491,018	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,587,816	4,106,979	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,694,795		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	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	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	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)		78,623,702		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)		78,623,702		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,777,787		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).		1,504,628		52.00
53.00	Nursing and Allied Health Managed Care payment		100,090		53.00
54.00	Special add-on payments for new technologies		83,847		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).		261,840		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		204,050		58.00
59.00	Total (sum of amounts on lines 49 through 58)		86,555,944		59.00
60.00	Primary payer payments		23,602		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		86,532,342		61.00
62.00	Deductibles billed to program beneficiaries		5,050,832		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:24 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		260,653		63.00
64.00	Allowable bad debts (see instructions)		1,271,862		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		826,710		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		840,616		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		82,047,567		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)		94,768		70.93
70.94	HRR adjustment amount (see instructions)		-29,220		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		613,376		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		81,499,739		71.00
71.01	Sequestration adjustment (see instructions)		1,629,995		71.01
72.00	Interim payments		78,492,821		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)		1,376,923		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		223,241		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		79,530	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,134,681	2.00
3.00	PPS payments		35,543,352	3.00
4.00	Outlier payment (see instructions)		51,597	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		92,526	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		79,530	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		375,635	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)		375,635	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		375,635	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		296,105	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)		79,530	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)		35,687,475	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		85,789	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,327,059	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)		29,354,157	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		596,529	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)		29,950,686	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		29,950,686	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)		525,562	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		341,615	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		250,313	36.00
37.00	Subtotal (see instructions)		30,292,301	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,879	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)		30,290,422	40.00
40.01	Sequestration adjustment (see instructions)		605,808	40.01
41.00	Interim payments		30,144,175	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-459,561	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 3:24 pm
		Component CCN: 14S053	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,022	2.00
3.00	PPS payments		23,053	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		92	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		23,145	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)		4,633	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)		18,512	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,512	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		18,512	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		18,512	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)		18,512	40.00
40.01	Sequestration adjustment (see instructions)		370	40.01
41.00	Interim payments		18,052	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		90	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/24/2015 3:24 pm
		Component CCN: 145225	Title XVIII	Skilled Nursing Facility
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,696	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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		51	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		51	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,889	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		-2,838	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		-2,838	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		-2,838	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		-2,838	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		-2,838	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		1,208	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-4,046	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2015 3:24 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		78,486,619		29,896,421	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	02/27/2015	6,202	02/27/2015	247,754	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)		6,202		247,754	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)		78,492,821		30,144,175	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,376,923		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		459,561	6.02
7.00	Total Medicare program liability (see instructions)		79,869,744		29,684,614	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: 140053
Component CCN: 14S053

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2015 3:24 pm
PPS

Title XVIII

Subprovider -
IPF

		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		2,347,685		18,052	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,347,685		18,052	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		90	6.01
6.02	SETTLEMENT TO PROGRAM		3,167		0	6.02
7.00	Total Medicare program liability (see instructions)		2,344,518		18,142	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: 140053
Component CCN: 145225

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/24/2015 3:24 pm
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,636,087		1,208	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,636,087		1,208	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		63,004		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		4,046	6.02
7.00	Total Medicare program liability (see instructions)		1,699,091		-2,838	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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
11/24/2015 3:24 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			19,267 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			30,208 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			8,662 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			85,738 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,488,144,782 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			8,928,095 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,282,462 8.00
9.00	Sequestration adjustment amount (see instructions)			25,649 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,256,813 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,160,233 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)			96,580 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/24/2015 3:24 pm
		Component CCN: 14S053	Title XVII I	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)		2,477,985	1.00
2.00	Net IPF PPS Outlier Payments		33,211	2.00
3.00	Net IPF PPS ECT Payments		34,842	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)		13.665753	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)		2,546,038	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)		2,546,038	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,546,038	18.00
19.00	Deductibles		171,312	19.00
20.00	Subtotal (line 18 minus line 19)		2,374,726	20.00
21.00	Coinsurance		28,657	21.00
22.00	Subtotal (line 20 minus line 21)		2,346,069	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		47,518	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		30,887	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,511	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,376,956	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)		15,409	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)		2,392,365	31.00
31.01	Sequestration adjustment (see instructions)		47,847	31.01
32.00	Interim payments		2,347,685	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)		-3,167	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		33,211	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140053 Component CCN: 145225	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,857,769	1.00
2.00	Routine service other pass through costs		50,712	2.00
3.00	Ancillary service other pass through costs		9,411	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,917,892	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		188,293	7.00
8.00	Allowable bad debts (see instructions)		6,179	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		1,368	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		4,167	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,733,766	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,733,766	15.00
15.01	Sequestration adjustment (see instructions)		34,675	15.01
16.00	Interim payments		1,636,087	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		63,004	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 3:24 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.			72.35	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			12.38	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)			59.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			99.39	6.00
7.00	Enter the lesser of line 5 or line 6			59.97	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.	51.00	45.45	96.45	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.	30.77	27.42	58.19	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	30.77	27.42		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	29.16	29.10		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	28.28	29.96		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	29.40	28.83		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	29.40	28.83		17.00
18.00	Per resident amount	81,078.09	81,078.09		18.00
19.00	Approved amount for resident costs	2,383,696	2,337,481	4,721,177	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)			39.42	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)			4,721,177	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	33,174	8,662		26.00
27.00	Total Inpatient Days (see instructions)	91,253	91,253		27.00
28.00	Ratio of inpatient days to total inpatient days	0.363539	0.094923		28.00
29.00	Program direct GME amount	1,716,332	448,148		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		63,323		30.00
31.00	Net Program direct GME amount			2,101,157	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/24/2015 3:24 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)		804	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,172,217	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000253	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)		86,613,192	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)		23,602	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		86,589,590	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		34,329,598	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,329,598	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		120,919,188	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.716095	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.283905	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,101,157	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,504,628	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		596,529	50.00

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

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet G

Date/Time Prepared:
11/24/2015 3:24 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	11,535,501	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	114,222,352	0	0	0	4.00
5.00	Other receivable	3,480,337	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-25,066,000	0	0	0	6.00
7.00	Inventory	11,002,640	0	0	0	7.00
8.00	Prepaid expenses	3,191,832	0	0	0	8.00
9.00	Other current assets	69,716,650	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	188,083,312	0	0	0	11.00
FIXED ASSETS						
12.00	Land	22,825,564	0	0	0	12.00
13.00	Land improvements	6,161,711	0	0	0	13.00
14.00	Accumulated depreciation	-4,053,361	0	0	0	14.00
15.00	Buildings	272,328,728	0	0	0	15.00
16.00	Accumulated depreciation	-101,859,499	0	0	0	16.00
17.00	Leasehold improvements	5,084,459	0	0	0	17.00
18.00	Accumulated depreciation	-2,443,047	0	0	0	18.00
19.00	Fixed equipment	226,273,386	0	0	0	19.00
20.00	Accumulated depreciation	-112,402,657	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	183,899,686	0	0	0	23.00
24.00	Accumulated depreciation	-167,819,571	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	39,717,169	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	367,712,568	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	213,869,814	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	9,501,539	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	223,371,353	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	779,167,233	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,440,724	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	69,716,650	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	29,416,926	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	113,574,300	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	216,597,421	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	69,670,156	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	286,267,577	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	399,841,877	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	379,325,356				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	379,325,356	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	779,167,233	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-1

Date/Time Prepared:
11/24/2015 3:24 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		439,447,115		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,030,887				2.00
3.00	Total (sum of line 1 and line 2)		434,416,228		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)		434,416,228		0		11.00
12.00	TRANSFER TO AFFILIATES	32,881,043		0		0	12.00
13.00	PENSION FUND CHANGE	22,209,829		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)		55,090,872			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		379,325,356		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	TRANSFER TO AFFILIATES		0				12.00
13.00	PENSION FUND CHANGE		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: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,259,894		81,259,894	1.00
2.00	SUBPROVIDER - IPF	5,113,355		5,113,355	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	6,970,250		6,970,250	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	93,343,499		93,343,499	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,937,467		42,937,467	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	HIGH RISK NEONATAL	28,174,434		28,174,434	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	71,111,901		71,111,901	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	164,455,400		164,455,400	17.00
18.00	Ancillary services	627,730,584	648,914,935	1,276,645,519	18.00
19.00	Outpatient services	17,593,143	54,468,565	72,061,708	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		6,469,570	6,469,570	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,011,416	2,011,416	26.00
27.00	HOME INFUSION	0	3,975,322	3,975,322	27.00
27.01	PROFESSIONAL FEES	4,520,806	7,808,686	12,329,492	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	814,299,933	723,648,494	1,537,948,427	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		478,020,968		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)		478,020,968		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140053

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-3

Date/Time Prepared:
11/24/2015 3:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,537,948,427	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,090,666,669	2.00
3.00	Net patient revenues (line 1 minus line 2)	447,281,758	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	478,020,968	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-30,739,210	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,936,405	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	84,173	12.00
13.00	Revenue from laundry and linen service	194,546	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	83,621	17.00
18.00	Revenue from sale of medical records and abstracts	70	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,051,175	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	600	21.00
22.00	Rental of hospital space	3,180,714	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - MISC	2,190,906	24.00
24.01	OTHER - GRANTS	615,731	24.01
24.02	OTHER - INTERCOMPANY TRANSFERS	7,783,433	24.02
24.03	OTHER - NET ASSETS RELEASED	1,332,349	24.03
24.04	OTHER - GIFT SHOP	415,885	24.04
24.05	OTHER - EHR MEANINGFUL USE	1,160,233	24.05
24.06	OTHER - INSURANCE SETTLEMENT	678,482	24.06
25.00	Total other income (sum of lines 6-24)	25,708,323	25.00
26.00	Total (line 5 plus line 25)	-5,030,887	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)	-5,030,887	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet H

HHA CCN: 147222

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	751,484	0	121	0	418,265	1,169,870	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,232,044	0	186,425	0	0	2,418,469	6.00
7.00	719,051	0	57,744	0	0	776,795	7.00
8.00	256,557	0	21,523	0	0	278,080	8.00
9.00	51,855	0	4,113	0	0	55,968	9.00
10.00	56,535	0	2,597	0	0	59,132	10.00
11.00	65,469	0	18,687	0	0	84,156	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	4,132,995	0	291,210	0	418,265	4,842,470	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-243,267	926,603	-845	925,758			5.00
HHA REIMBURSABLE SERVICES							
6.00	-8,234	2,410,235	0	2,410,235			6.00
7.00	0	776,795	0	776,795			7.00
8.00	0	278,080	0	278,080			8.00
9.00	0	55,968	0	55,968			9.00
10.00	0	59,132	0	59,132			10.00
11.00	0	84,156	0	84,156			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-251,501	4,590,969	-845	4,590,124			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: 140053	Period: 07/01/2014	Worksheet H-1
		HHA CCN: 147222	From 06/30/2015	Part I
			To 06/30/2015	Date/Time Prepared: 11/24/2015 3:24 pm
			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				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	925,758	0	0	0	925,758	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,410,235	0	0	0	2,410,235	6.00
7.00	Physical Therapy	776,795	0	0	0	776,795	7.00
8.00	Occupational Therapy	278,080	0	0	0	278,080	8.00
9.00	Speech Pathology	55,968	0	0	0	55,968	9.00
10.00	Medical Social Services	59,132	0	0	0	59,132	10.00
11.00	Home Health Aide	84,156	0	0	0	84,156	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	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)	4,590,124	0	0	0	4,590,124	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	925,758					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	608,916	3,019,151				6.00
7.00	Physical Therapy	196,248	973,043				7.00
8.00	Occupational Therapy	70,254	348,334				8.00
9.00	Speech Pathology	14,140	70,108				9.00
10.00	Medical Social Services	14,939	74,071				10.00
11.00	Home Health Aide	21,261	105,417				11.00
12.00	Supplies (see instructions)	0	0				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)		4,590,124				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2014 To 06/30/2015	Worksheet H-1 Part II Date/Time Prepared: 11/24/2015 3:24 pm PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-925,758	3,664,366
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,410,235
7.00	Physical Therapy	0	0	0	0	0	776,795
8.00	Occupational Therapy	0	0	0	0	0	278,080
9.00	Speech Pathology	0	0	0	0	0	55,968
10.00	Medical Social Services	0	0	0	0	0	59,132
11.00	Home Health Aide	0	0	0	0	0	84,156
12.00	Supplies (see instructions)	0	0	0	0	0	0
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	0	-925,758	3,664,366
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		925,758
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.252638

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147222

To 06/30/2015

Part I
Date/Time Prepared: 11/24/2015 3:24 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP			
		1.00	1.01	2.00			
	0	1.00	1.01	2.00	4.00	5.01	
1.00 Administrative and General	0	29,197	0	1,303	190,828	88,629	1.00
2.00 Skilled Nursing Care	3,019,151	0	0	0	564,703	0	2.00
3.00 Physical Therapy	973,043	0	0	0	182,592	0	3.00
4.00 Occupational Therapy	348,334	0	0	0	65,149	0	4.00
5.00 Speech Pathology	70,108	0	0	0	13,168	0	5.00
6.00 Medical Social Services	74,071	0	0	0	14,356	0	6.00
7.00 Home Health Aide	105,417	0	0	0	16,625	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,590,124	29,197	0	1,303	1,047,421	88,629	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	INFORMATION SYSTEMS	PURCHASING/RECEIVING/STORES	ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMIN & GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	108,249	2,603	0	0	420,809	79,222	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,583,854	674,695	2.00
3.00 Physical Therapy	0	0	0	0	1,155,635	217,560	3.00
4.00 Occupational Therapy	0	0	0	0	413,483	77,842	4.00
5.00 Speech Pathology	0	0	0	0	83,276	15,678	5.00
6.00 Medical Social Services	0	0	0	0	88,427	16,647	6.00
7.00 Home Health Aide	0	0	0	0	122,042	22,976	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	108,249	2,603	0	0	5,867,526	1,104,620	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: 140053

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147222

To 06/30/2015

Part I Date/Time Prepared: 11/24/2015 3:24 pm

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	35,704	127,492	0	22,950	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	35,704	127,492	0	22,950	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	310,792	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	310,792	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147222

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Home Health
Agency I

PPS

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED (CLINICAL LAB SCIENCE)	PARAMED (RESPIRATORY THERAPY)	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			21.00	22.00			
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	78,508	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	78,508	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PARAMED (ENDT)	PARAMED (PHARMACY)	PARAMED (PASTORAL CARE)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.02	23.03	23.04	24.00	25.00	26.00	
1.00 Administrative and General	0	0	0	996,969	0	996,969	1.00
2.00 Skilled Nursing Care	0	0	0	4,337,057	0	4,337,057	2.00
3.00 Physical Therapy	0	0	0	1,373,195	0	1,373,195	3.00
4.00 Occupational Therapy	0	0	0	491,325	0	491,325	4.00
5.00 Speech Pathology	0	0	0	98,954	0	98,954	5.00
6.00 Medical Social Services	0	0	0	105,074	0	105,074	6.00
7.00 Home Health Aide	0	0	0	145,018	0	145,018	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	7,547,592	0	7,547,592	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(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: 140053	Period: From 07/01/2014	Worksheet H-2
		HHA CCN: 147222	To 06/30/2015	Part I
			Home Health Agency I	Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	660,076	4,997,133		2.00
3.00	Physical Therapy	208,993	1,582,188		3.00
4.00	Occupational Therapy	74,777	566,102		4.00
5.00	Speech Pathology	15,060	114,014		5.00
6.00	Medical Social Services	15,992	121,066		6.00
7.00	Home Health Aide	22,071	167,089		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	996,969	7,547,592		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.152195			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: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet H-2 Part II Date/Time Prepared: 11/24/2015 3:24 pm
		HHA CCN: 147222	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	
	BLDG & FIXT (SQUARE FEET)	CAP REL COSTS - CON (SQUARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	7,067	0	1,296	751,484	137	169	1.00
2.00 Skilled Nursing Care	0	0	0	2,223,810	0	0	2.00
3.00 Physical Therapy	0	0	0	719,051	0	0	3.00
4.00 Occupational Therapy	0	0	0	256,557	0	0	4.00
5.00 Speech Pathology	0	0	0	51,855	0	0	5.00
6.00 Medical Social Services	0	0	0	56,535	0	0	6.00
7.00 Home Health Aide	0	0	0	65,469	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	7,067	0	1,296	4,124,761	137	169	20.00
21.00 Total cost to be allocated	29,197	0	1,303	1,047,421	88,629	108,249	21.00
22.00 Unit cost multiplier	4.131456	0.000000	1.005401	0.253935	646.927007	640.526627	22.00
Cost Center Description	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMINISTRATIVE (REVENUE)	PATIENT ACCOUNTING (REVENUE)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	
	5.03	5.04	5.05	5A.06	5.06	6.00	
1.00 Administrative and General	265,198	0	0	0	420,809	89	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,583,854	0	2.00
3.00 Physical Therapy	0	0	0	0	1,155,635	0	3.00
4.00 Occupational Therapy	0	0	0	0	413,483	0	4.00
5.00 Speech Pathology	0	0	0	0	83,276	0	5.00
6.00 Medical Social Services	0	0	0	0	88,427	0	6.00
7.00 Home Health Aide	0	0	0	0	122,042	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)	265,198	0	0	0	5,867,526	89	20.00
21.00 Total cost to be allocated	2,603	0	0	0	1,104,620	35,704	21.00
22.00 Unit cost multiplier	0.009815	0.000000	0.000000	0.000000	0.188260	401.168539	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140053
HHA CCN: 147222

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		7.00	8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	7,067	0	562	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	7,067	0	562	0	0	0	20.00
21.00	Total cost to be allocated	127,492	0	22,950	0	0	0	21.00
22.00	Unit cost multiplier	18.040470	0.000000	40.836299	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (DISCHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	6,020	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	6,020	0	0	0	0	0	20.00
21.00	Total cost to be allocated	310,792	0	0	0	0	0	21.00
22.00	Unit cost multiplier	51.626578	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2014 To 06/30/2015	Worksheet H-2 Part II Date/Time Prepared: 11/24/2015 3:24 pm PPS
			Home Health Agency I	

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED (CLINICAL LAB SCIENCE) (ASSIGNED TIME)	PARAMED ED (RESPIRATORY THERAPY) (ASSIGNED TIME)	PARAMED ED (ENDT) (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		20.00	21.00				
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	785	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	785	0	0	0	0	20.00
21.00	Total cost to be allocated	78,508	0	0	0	0	21.00
22.00	Unit cost multiplier	100.010191	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)					
	23.03	23.04					
1.00	Administrative and General	0	0				1.00
2.00	Skilled Nursing Care	0	0				2.00
3.00	Physical Therapy	0	0				3.00
4.00	Occupational Therapy	0	0				4.00
5.00	Speech Pathology	0	0				5.00
6.00	Medical Social Services	0	0				6.00
7.00	Home Health Aide	0	0				7.00
8.00	Supplies (see instructions)	0	0				8.00
9.00	Drugs	0	0				9.00
10.00	DME	0	0				10.00
11.00	Home Dialysis Aide Services	0	0				11.00
12.00	Respiratory Therapy	0	0				12.00
13.00	Private Duty Nursing	0	0				13.00
14.00	Clinic	0	0				14.00
15.00	Health Promotion Activities	0	0				15.00
16.00	Day Care Program	0	0				16.00
17.00	Home Delivered Meals Program	0	0				17.00
18.00	Homemaker Service	0	0				18.00
19.00	All Others (specify)	0	0				19.00
20.00	Total (sum of lines 1-19)	0	0				20.00
21.00	Total cost to be allocated	0	0				21.00
22.00	Unit cost multiplier	0.000000	0.000000				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/24/2015 3:24 pm	
				HHA CCN: 147222	Title XVIII Home Health Agency I		PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00 4,997,133		4,997,133	26,378	189.44	
2.00	Physical Therapy	3.00 1,582,188	0	1,582,188	6,862	230.57	
3.00	Occupational Therapy	4.00 566,102	0	566,102	2,619	216.15	
4.00	Speech Pathology	5.00 114,014	0	114,014	275	414.60	
5.00	Medical Social Services	6.00 121,066		121,066	283	427.80	
6.00	Home Health Aide	7.00 167,089		167,089	2,250	74.26	
7.00	Total (sum of lines 1-6)		0	7,547,592	38,667		
Program Visits							
Part B							
Not Subject to Deductibles & Insurance							
Subject to Deductibles							
Cost Center Description							
Cost Limits CBSA No. (1) Part A							
0 1.00 2.00 3.00 4.00 5.00							
Limitation Cost Computation							
8.00	Skilled Nursing Care	16580	0	91		8.00	
8.01	Skilled Nursing Care	19500	0	3,820		8.01	
8.02	Skilled Nursing Care	41180	0	125		8.02	
8.03	Skilled Nursing Care	44100	0	5,662		8.03	
8.04	Skilled Nursing Care	99914	0	1,504		8.04	
9.00	Physical Therapy	16580	0	35		9.00	
9.01	Physical Therapy	19500	0	1,097		9.01	
9.02	Physical Therapy	41180	0	59		9.02	
9.03	Physical Therapy	44100	0	1,321		9.03	
9.04	Physical Therapy	99914	0	375		9.04	
10.00	Occupational Therapy	16580	0	13		10.00	
10.01	Occupational Therapy	19500	0	674		10.01	
10.02	Occupational Therapy	41180	0	11		10.02	
10.03	Occupational Therapy	44100	0	456		10.03	
10.04	Occupational Therapy	99914	0	197		10.04	
11.00	Speech Pathology	16580	0	0		11.00	
11.01	Speech Pathology	19500	0	40		11.01	
11.02	Speech Pathology	41180	0	0		11.02	
11.03	Speech Pathology	44100	0	41		11.03	
11.04	Speech Pathology	99914	0	26		11.04	
12.00	Medical Social Services	16580	0	0		12.00	
12.01	Medical Social Services	19500	0	54		12.01	
12.02	Medical Social Services	41180	0	0		12.02	
12.03	Medical Social Services	44100	0	48		12.03	
12.04	Medical Social Services	99914	0	19		12.04	
13.00	Home Health Aide	16580	0	14		13.00	
13.01	Home Health Aide	19500	0	359		13.01	
13.02	Home Health Aide	41180	0	51		13.02	
13.03	Home Health Aide	44100	0	733		13.03	
13.04	Home Health Aide	99914	0	85		13.04	
14.00	Total (sum of lines 8-13)		0	16,910		14.00	
Cost Center Description							
From Wkst. H-2 Part I, col. 28, line							
Facility Costs (from Wkst. H-2, Part I)							
Shared Ancillary Costs (from Part II)							
Total HHA Costs (cols. 1 + 2)							
Total Charges (from HHA Record)							
Ratio (col. 3 + col. 4)							
0 1.00 2.00 3.00 4.00 5.00							
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00 0	46,458	46,458	160,332	0.289761	
16.00	Cost of Drugs	9.00 0	0	0	0	0.000000	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140053
HHA CCN: 147222

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-3
Part I
Date/Time Prepared:
11/24/2015 3:24 pm
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Title XVIII

Home Health Agency I

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	11,202		0	2,122,107	1.00
2.00	Physical Therapy	0	2,887		0	665,656	2.00
3.00	Occupational Therapy	0	1,351		0	292,019	3.00
4.00	Speech Pathology	0	107		0	44,362	4.00
5.00	Medical Social Services	0	121		0	51,764	5.00
6.00	Home Health Aide	0	1,242		0	92,231	6.00
7.00	Total (sum of lines 1-6)	0	16,910		0	3,268,139	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not 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	3,436,581	0	0	995,787	15.00
16.00	Cost of Drugs		0	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/24/2015 3:24 pm
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Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,122,107		1.00
2.00	Physical Therapy	665,656		2.00
3.00	Occupational Therapy	292,019		3.00
4.00	Speech Pathology	44,362		4.00
5.00	Medical Social Services	51,764		5.00
6.00	Home Health Aide	92,231		6.00
7.00	Total (sum of lines 1-6)	3,268,139		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part II Date/Time Prepared: 11/24/2015 3:24 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	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	0.233791	0	0	col. 2, line 2.00
2.00	Occupational Therapy					
3.00	Speech Pathology					
4.00	Cost of Medical Supplies	71.00	0.289760	160,332	46,458	col. 2, line 15.00
5.00	Cost of Drugs	73.00	0.173258	0	0	col. 2, line 16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140053 HHA CCN: 147222	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	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	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	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	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	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	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,293,121
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	72,596
13.00	Total PPS Reimbursement - LUPA Episodes		0	47,637
14.00	Total PPS Reimbursement - PEP Episodes		0	18,352
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	52,081
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,055
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,484,842
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,484,842
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,484,842
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,484,842
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,484,842
31.01	Sequestration adjustment (see instructions)		0	49,740
32.00	Interim payments (see instructions)		0	2,435,102
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140053
HHA CCN: 147222

Period:
From 07/01/2014
To 06/30/2015

Worksheet H-5
Date/Time Prepared:
11/24/2015 3:24 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		2,435,102	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		2,435,102	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		2,435,102	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet I-5 Date/Time Prepared: 11/24/2015 3:24 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	79,506	0	43,823	0	474,569	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	14,786	0	9.00
10.00	Nursing Care	320,544	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	75,076	0	0	0	0	15.00
16.00	Spiritual Counseling	6,106	15,560	0	45,765	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	32,039	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	513,271	15,560	43,823	60,551	474,569	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	597,898	-5,360	592,538	0	592,538	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	14,786	0	14,786	0	14,786	9.00
10.00	Nursing Care	320,544	0	320,544	0	320,544	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	75,076	-14,489	60,587	0	60,587	15.00
16.00	Spiritual Counseling	67,431	-35,239	32,192	0	32,192	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	32,039	0	32,039	0	32,039	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,107,774	-55,088	1,052,686	0	1,052,686	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	320,544	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	75,076	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	75,076	0	320,544	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	79,506	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	6,106	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		32,039	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	32,039	85,612	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140053	Period: From 07/01/2014	Worksheet K-2
		Hospice CCN: 141503	To 06/30/2015	Date/Time Prepared: 11/24/2015 3:24 pm

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

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	15,560	15,560	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	15,560	15,560	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140053	Period: From 07/01/2014	Worksheet K-3
		Hospice CCN: 141503	To 06/30/2015	Date/Time Prepared: 11/24/2015 3:24 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140053 Hospice CCN: 141503	Period: From 07/01/2014 To 06/30/2015	Worksheet K-3 Date/Time Prepared: 11/24/2015 3:24 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	14,786	14,786	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	45,765	45,765	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	60,551	60,551	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-4
Part I
Date/Time Prepared:
11/24/2015 3:24 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	592,538	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	14,786	0	0	0	0	9.00
10.00	Nursing Care	320,544	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	60,587	0	0	0	0	15.00
16.00	Spiritual Counseling	32,192	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	32,039	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,052,686	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140053	Period: From 07/01/2014	Worksheet K-4
		Hospice CCN: 141503	To 06/30/2015	Part I
				Date/Time Prepared: 11/24/2015 3:24 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	592,538	592,538		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	14,786	19,040	33,826	9.00
10.00	Nursing Care	0	320,544	412,768	733,312	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	60,587	78,019	138,606	15.00
16.00	Spiritual Counseling	0	32,192	41,454	73,646	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	32,039	41,257	73,296	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,052,686		1,052,686	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 141503

To 06/30/2015

Part II
Date/Time Prepared:
11/24/2015 3:24 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140053

Period:

Worksheet K-4

Hospice CCN: 141503

From 07/01/2014
To 06/30/2015

Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-592,538	460,148	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	14,786	9.00
10.00	Nursing Care	0	320,544	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	60,587	15.00
16.00	Spiritual Counseling	0	32,192	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	32,039	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		592,538	39.00
40.00	Unit Cost Multiplier		1.287712	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141503

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	CAP REL COSTS - CON	MVBLE EQUIP		
			0	1.00	1.01		
1.00	Administrative and General		1,070	0	0	18,270	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	33,826	0	0	0	0	4.00
5.00	Nursing Care	733,312	0	0	0	78,981	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	138,606	0	0	0	13,650	10.00
11.00	Spiritual Counseling	73,646	0	0	0	1,505	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	73,296	0	0	0	7,894	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,052,686	1,070	0	0	120,300	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice I					
		COMMUNICATIONS 5.01	INFORMATION SYSTEMS 5.02	PURCHASING/RECEIVING/STORES 5.03	ADMINISTRATIVE 5.04	PATIENT ACCOUNTING 5.05	
1.00	Administrative and General	6,469	14,092	588	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,469	14,092	588	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2014

Part I

To 06/30/2015

Date/Time Prepared:

11/24/2015 3:24 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	6.00	7.00	8.00	
1.00	Administrative and General	40,489	7,622	7,622	4,672	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	33,826	6,368	0	0	0	4.00
5.00	Nursing Care	812,293	152,922	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	152,256	28,664	0	0	0	10.00
11.00	Spiritual Counseling	75,151	14,148	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	81,190	15,285	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,195,205	225,009	7,622	4,672	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2014
To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	2,532	0	0	0	39,081	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,532	0	0	0	39,081	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141503

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period:

Worksheet K-5

Hospice CCN: 141503

From 07/01/2014

Part I

To 06/30/2015

Date/Time Prepared:

11/24/2015 3:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141503

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice I				
		PARAMED ED (ENDT)	PARAMED ED (PHARMACY)	PARAMED ED (PASTORAL CARE)	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments
		23.02	23.03	23.04	24.00	25.00
1.00	Administrative and General	0	0	0	102,018	1.00
2.00	Inpatient - General Care	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	3.00
4.00	Physician Services	0	0	0	40,194	4.00
5.00	Nursing Care	0	0	0	965,215	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	180,920	10.00
11.00	Spiritual Counseling	0	0	0	89,299	11.00
12.00	Dietary Counseling	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	96,475	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00
16.00	Other	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	28.00
29.00	Other	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	1,474,121	34.00
35.00	Unit Cost Multiplier (see instructions)					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141503

To 06/30/2015

Part I
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	40,194	2,989	43,183		4.00
5.00	Nursing Care	965,215	71,764	1,036,979		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	180,920	13,452	194,372		10.00
11.00	Spiritual Counseling	89,299	6,640	95,939		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	96,475	7,173	103,648		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,474,121		1,474,121		34.00
35.00	Unit Cost Multiplier (see instructions)		0.074352			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (TELEPHONES)	
	BLDG & FIXT (SQARE FEET)	CAP REL COSTS - CON (SQARE FOOTAGE)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
1.00 Administrative and General	259	0	0	74,146	10	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	320,544	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	55,397	0	10.00
11.00 Spiritual Counseling	0	0	0	6,106	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	32,039	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	259	0	0	488,232	10	34.00
35.00 Total cost to be allocated	1,070	0	0	120,300	6,469	35.00
36.00 Unit Cost Multiplier (see instructions)	4.131274	0.000000	0.000000	0.246399	646.900000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description	Hospice I					Reconciliation	
	INFORMATION SYSTEMS (PIECES OF EQUIPMENT)	PURCHASING/RECEIVING/STORES (SUPPLIES)	ADMITTING (REVENUE)	PATIENT ACCOUNTING (REVENUE)			
	5.02	5.03	5.04	5.05	5A.06		
1.00 Administrative and General	22	59,922	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	22	59,922	0	0	0	0	34.00
35.00 Total cost to be allocated	14,092	588	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	640.545455	0.009813	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice I					
		OTHER ADMIN & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	40,489	19	259	0	62	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	33,826	0	0	0	0	4.00
5.00	Nursing Care	812,293	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	152,256	0	0	0	0	10.00
11.00	Spiritual Counseling	75,151	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	81,190	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,195,205	19	259	0	62	34.00
35.00	Total cost to be allocated	225,009	7,622	4,672	0	2,532	35.00
36.00	Unit Cost Multiplier (see instructions)	0.188260	401.157895	18.038610	0.000000	40.838710	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		Hospice I					
		DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NUMBER HOUSED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	0	0	757	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	757	0	34.00
35.00	Total cost to be allocated	0	0	0	39,081	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	51.626156	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053
Hospice CCN: 141503

Period:
From 07/01/2014
To 06/30/2015

Worksheet K-5
Part II
Date/Time Prepared:
11/24/2015 3:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140053

Hospice CCN: 141503

Period:

From 07/01/2014
To 06/30/2015

Worksheet K-5

Part II
Date/Time Prepared:
11/24/2015 3:24 pm

Cost Center Description		PARAMED ED (PHARMACY) (ASSIGNED TIME)	PARAMED ED (PASTORAL CARE) (HOURS)	Hospice I	
		23.03	23.04		
1.00	Administrative and General	0	0		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0		34.00
35.00	Total cost to be allocated	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet K-5 Part III Date/Time Prepared: 11/24/2015 3:24 pm	
		Hospice CCN: 141503	Hospice I		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.233791	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00		0	2.00
3.00	SPEECH PATHOLOGY	68.00		0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.173258	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0	5.00
6.00	LABORATORY	60.00	0.172885	0	6.00
6.01	BLOOD LABORATORY	60.01		0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.289760	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.502962	0	9.00
10.00	OTHER ANCI LLARY	76.00	0.434982	0	10.00
10.97	CARDIAC REHABI LI TATION	76.97	0.584473	0	10.97
10.98	HYPERBARI C OXYGEN THERAPY	76.98	0.282640	0	10.98
10.99	LI THOTRIPSY	76.99	0.000000	0	10.99
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140053

Period: From 07/01/2014

Worksheet K-6

Hospice CCN: 141503

To 06/30/2015

Date/Time Prepared: 11/24/2015 3:24 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,474,121	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,185	2.00
3.00	Average cost per diem (line 1 divided by line 2)				205.17	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,109				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,253,384				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		5			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		1,026			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,071		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			219,737		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140053	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/24/2015 3:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,817,700	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		230,205	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)		240.45	3.00
4.00	Number of interns & residents (see instructions)		59.19	4.00
5.00	Indirect medical education percentage (see instructions)		7.19	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)		346,393	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.80	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.03	8.00
9.00	Sum of lines 7 and 8		37.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.96	10.00
11.00	Disproportionate share adjustment (see instructions)		383,489	11.00
12.00	Total prospective capital payments (see instructions)		5,777,787	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