

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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/17/2015 10:30 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/17/2015 Time: 10:30 am	
	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 OAK PARK HOSPITAL ( 140063 ) 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	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	248,992	-9,559	-4,929	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-6,636	-100	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	5,929	-9	0	0	7.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	248,285	-9,668	-4,929	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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/17/2015 10:30 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 60603-	4.00 County: COOK	1.00
1.00 Street: 520 SOUTH MAPLE	2.00 State: IL			2.00
2.00 City: OAK PARK				

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
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	OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	OAK PARK HOSPITAL REHABILITATION UNIT	14T063	16974	5	01/01/1992	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF	SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
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)		2		21.00

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				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	
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.	2,219	947	0	0	220	0	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	35	17	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/17/2015 10:30 am			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
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	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/17/2015 10:30 am	
			1.00	2.00	
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N	140.00
1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:	Zip Code:		143.00
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				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
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					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)				0.25	169.00	
				Beginni ng	Endi ng		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2013	09/30/2014	170.00	
				1.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)				Y	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/17/2015 10:30 am		
			Y/N	Date		
			1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.						
COMPLETED BY ALL HOSPITALS						
Provider Organization and Operation						
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00	
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00	
Financial Data and Reports						
			Y/N	Type	Date	
			1.00	2.00	3.00	
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.		N		5.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		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.			N	15.00	
			Part A		Part B	
			Description	Y/N	Date	Y/N
			0	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	10/29/2015	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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/17/2015 10:30 am
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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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	ELVY		YAP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030		ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/17/2015 10:30 am
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	10/29/2015	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	
<b>Cost Report Preparer Contact Information</b>			
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 FINANCE	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: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,748	2,930	14,831			1.00
2.00 HMO and other (see instructions)	1,824	220				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)	7,748	2,930	14,831			7.00
8.00 INTENSIVE CARE UNIT	1,439	236	2,891			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	9,187	3,166	17,722	5.62	702.39	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	904	52	1,103	0.00	10.09	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	4,317	0	5,050	0.00	21.87	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.62	734.35	27.00
28.00 Observation Bed Days		0	1,266			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,949	802	4,184	1.00
2.00 HMO and other (see instructions)			349	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,949	802	4,184	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	72	5	92	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part II Date/Time Prepared: 11/17/2015 10:30 am
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	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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	49,743,190	0	49,743,190	1,501,611.00	33.13
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		350,380	0	350,380	5,054.00	69.33
4.00	Physician-Part A - Administrative		218,664	0	218,664	1,768.00	123.68
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,793,485	0	2,793,485	28,008.00	99.74
6.00	Non-physician-Part B		315,480	0	315,480	9,995.00	31.56
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		244,658	0	244,658	11,398.00	21.46
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,227,914	0	1,227,914	45,415.00	27.04
10.00	Excluded area salaries (see instructions)		7,445,605	0	7,445,605	189,254.00	39.34
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		688,084	0	688,084	24,878.00	27.66
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		120,500	0	120,500	1,326.00	90.87
14.00	Home office salaries & wage-related costs		614,343	0	614,343	2,080.00	295.36
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		8,450,344	0	8,450,344		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,664,307	0	1,664,307		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		59,208	0	59,208		
22.00	Physician Part A - Administrative		25,187	0	25,187		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		394,812	0	394,812		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	389,642	0	389,642	12,104.00	32.19
27.00	Administrative & General	5.00	4,480,893	0	4,480,893	135,884.00	32.98
28.00	Administrative & General under contract (see inst.)		90,181	0	90,181	432.00	208.75
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	801,538	0	801,538	24,921.00	32.16
31.00	Laundry & Linen Service	8.00	70,479	0	70,479	4,417.00	15.96
32.00	Housekeeping	9.00	613,179	0	613,179	44,930.00	13.65
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	731,298	-464,664	266,634	19,619.00	13.59
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	464,664	464,664	34,189.00	13.59
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,658,065	0	1,658,065	43,989.00	37.69
39.00	Central Services and Supply	14.00	360,457	0	360,457	17,826.00	20.22
40.00	Pharmacy	15.00	1,203,214	0	1,203,214	28,169.00	42.71

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 633,745	0	633,745	26,068.00	24.31	41.00
42.00	Social Service	17.00 575,302	0	575,302	13,764.00	41.80	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/17/2015 10:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	46,129,368	0	46,129,368	1,447,588.00	31.87	1.00
2.00	Excluded area salaries (see instructions)	8,673,519	0	8,673,519	234,669.00	36.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,455,849	0	37,455,849	1,212,919.00	30.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,422,927	0	1,422,927	28,284.00	50.31	4.00
5.00	Subtotal wage-related costs (see inst.)	8,475,531	0	8,475,531	0.00	22.63	5.00
6.00	Total (sum of lines 3 thru 5)	47,354,307	0	47,354,307	1,241,203.00	38.15	6.00
7.00	Total overhead cost (see instructions)	11,607,993	0	11,607,993	406,312.00	28.57	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/17/2015 10:30 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		962,866	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,859,736	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,223,632	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		179,461	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		32,312	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		101,004	14.00
15.00	'Workers' Compensation Insurance		378,980	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,574,223	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		55,508	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		226,134	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>10,593,856</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	688,084	0	1.00
2.00	Hospital	688,084	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/17/2015 10:30 am

		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	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	12	0	12	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	189	0	189	12.00
13.00	RUB	560	0	560	13.00
14.00	RUA	1,585	0	1,585	14.00
15.00	RVC	131	0	131	15.00
16.00	RVB	473	0	473	16.00
17.00	RVA	955	0	955	17.00
18.00	RHC	43	0	43	18.00
19.00	RHB	65	0	65	19.00
20.00	RHA	110	0	110	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	1	0	1	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	42	0	42	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	7	0	7	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	9	0	9	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	5	0	5	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	2	0	2	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	6	0	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	13	0	13	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	14	0	14	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	29	0	29	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: 140063

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

Worksheet S-7

Date/Time Prepared:  
11/17/2015 10:30 am

		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	21	0	21	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	20	0	20	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	17	0	17	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	8	0	8	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,317	0	4,317	200.00

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

SNF SERVICES				
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00

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

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,560,250			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/17/2015 10:30 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232481	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,299,544	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?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,062,319	5.00	
6.00	Medicaid charges		56,583,204	6.00	
7.00	Medicaid cost (line 1 times line 6)		13,154,520	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,792,657	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)		2,792,657	19.00	
			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	8,742,615	399,866	9,142,481	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,032,492	92,961	2,125,453	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,032,492	92,961	2,125,453	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,818,939	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		750,134	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,068,805	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		713,439	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,838,892	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,631,549	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		4,366,877	4,366,877	-1,753,945	2,612,932	1.00
2.00	00200		0	0	2,318,860	2,318,860	2.00
4.00	00400	389,642	10,629,354	11,018,996	-4,650	11,014,346	4.00
5.01	00540	0	268,973	268,973	-449	268,524	5.01
5.02	00550	434,118	807,852	1,241,970	-1,600	1,240,370	5.02
5.03	00560	288,272	57,113	345,385	30,026	375,411	5.03
5.04	00570	749,850	127,874	877,724	-10,920	866,804	5.04
5.05	00580	0	0	0	0	0	5.05
5.06	00590	3,008,653	9,952,647	12,961,300	-73,042	12,888,258	5.06
6.00	00600	0	0	0	0	0	6.00
7.00	00700	801,538	4,832,105	5,633,643	-780	5,632,863	7.00
8.00	00800	70,479	24,791	95,270	0	95,270	8.00
9.00	00900	613,179	644,744	1,257,923	0	1,257,923	9.00
10.00	01000	731,298	1,251,158	1,982,456	-1,271,887	710,569	10.00
11.00	01100	0	0	0	1,259,645	1,259,645	11.00
13.00	01300	1,658,065	198,044	1,856,109	-2,821	1,853,288	13.00
14.00	01400	360,457	927,820	1,288,277	-841,219	447,058	14.00
15.00	01500	1,203,214	2,972,840	4,176,054	-2,576,468	1,599,586	15.00
16.00	01600	633,745	363,202	996,947	-5,400	991,547	16.00
17.00	01700	575,302	52,851	628,153	0	628,153	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	344,437	344,437	0	344,437	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,395,077	860,163	7,255,240	-96,549	7,158,691	30.00
31.00	03100	2,279,478	389,540	2,669,018	-41,210	2,627,808	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	646,798	380,617	1,027,415	-7,023	1,020,392	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	1,227,914	231,431	1,459,345	-42,876	1,416,469	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	3,282,801	10,053,404	13,336,205	-6,029,972	7,306,233	50.00
50.01	05001	627,594	391,571	1,019,165	-78,001	941,164	50.01
51.00	05100	823,349	24,760	848,109	0	848,109	51.00
53.00	05300	424,948	424,937	849,885	0	849,885	53.00
54.00	05400	2,468,668	3,057,579	5,526,247	-568,050	4,958,197	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	472,788	370,990	843,778	-5,062	838,716	56.00
56.01	05602	456,213	55,538	511,751	-5	511,746	56.01
57.00	05700	625,295	331,245	956,540	0	956,540	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,719,821	1,386,220	3,106,041	-4,260	3,101,781	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	151,139	315,139	466,278	0	466,278	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	471,063	180,240	651,303	-21,208	630,095	65.00
66.00	06600	958,357	281,394	1,239,751	-2,704	1,237,047	66.00
67.00	06700	484,726	53,076	537,802	0	537,802	67.00
68.00	06800	72,012	47,966	119,978	0	119,978	68.00
69.00	06900	418,304	306,143	724,447	227	724,674	69.00
70.00	07000	51,601	20,708	72,309	-144	72,165	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	823,852	823,852	71.00
72.00	07200	0	0	0	6,690,693	6,690,693	72.00
73.00	07300	0	0	0	2,572,288	2,572,288	73.00
74.00	07400	0	355,917	355,917	0	355,917	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,029,575	649,971	1,679,546	-4,110	1,675,436	90.00
90.01	09001	447,924	295,110	743,034	-3,225	739,809	90.01
90.02	09002	75,447	16,867	92,314	0	92,314	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	193,727	193,727	-1,727	192,000	90.04
91.00	09100	5,815,679	1,054,369	6,870,048	-227,020	6,643,028	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	42,944,383	59,551,304	102,495,687	19,264	102,514,951	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,798,807	2,424,047	9,222,854	-19,264	9,203,590	192.00
200.00		TOTAL (SUM OF LINES 118-199)	49,743,190	61,975,351	111,718,541	0	111,718,541	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-513,585	2,099,347	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-589,943	1,728,917	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-530	11,013,816	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	149,586	5.01
5.02	00550	DATA PROCESSING	0	1,240,370	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-39,776	335,635	5.03
5.04	00570	ADMINISTRATIVE	0	866,804	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,916,477	8,971,781	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,632,863	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	95,270	8.00
9.00	00900	HOUSEKEEPING	0	1,257,923	9.00
10.00	01000	DIETARY	0	710,569	10.00
11.00	01100	CAFETERIA	-360,083	899,562	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,853,288	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,087	438,971	14.00
15.00	01500	PHARMACY	0	1,599,586	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	991,547	16.00
17.00	01700	SOCIAL SERVICE	0	628,153	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-172,051	172,386	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	7,158,691	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,627,808	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-263,052	757,340	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	-9,636	1,406,833	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-13,777	7,292,456	50.00
50.01	05001	ENDOSCOPY	-70,000	871,164	50.01
51.00	05100	RECOVERY ROOM	0	848,109	51.00
53.00	05300	ANESTHESIOLOGY	-49,999	799,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-15,112	4,943,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-18,187	820,529	56.00
56.01	05602	ULTRASOUND/VASC LAB	-1,275	510,471	56.01
57.00	05700	CT SCAN	0	956,540	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-87,533	3,014,248	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-1,704	464,574	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	630,095	65.00
66.00	06600	PHYSICAL THERAPY	0	1,237,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	537,802	67.00
68.00	06800	SPEECH PATHOLOGY	-920	119,058	68.00
69.00	06900	ELECTROCARDIOLOGY	-53,755	670,919	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,320	61,845	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	823,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,690,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,572,288	73.00
74.00	07400	RENAL DIALYSIS	0	355,917	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-860,546	814,890	90.00
90.01	09001	WOUND CARE	-24,000	715,809	90.01
90.02	09002	PULMONARY REHAB	-7,214	85,100	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-192,000	0	90.04
91.00	09100	EMERGENCY	-2,226,056	4,416,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,624,556	92,890,395	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet A Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,203,590	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,624,556	102,093,985	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - POSTAGE</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	34,346	1.00	
	0		0	34,346		
<b>B - CAPITAL RELATED INSURANCE</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,359	1.00	
	0		0	2,359		
<b>C - CLINITRON BEDS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,681	1.00	
	0		0	8,681		
<b>D - CHARGEABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	823,852	1.00	
	0		0	823,852		
<b>E - CAFETERIA</b>						
1.00	CAFETERIA	11.00	464,664	794,981	1.00	
	0		464,664	794,981		
<b>F - RENTALS</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	553,875	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	
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	
	0		0	553,875		
<b>G - EQUIPMENT DEPRECIATION</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,756,304	1.00	
	0		0	1,756,304		
<b>H - DRUGS SOLD</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,572,288	1.00	
	0		0	2,572,288		
<b>I - HEART CENTER RECLASS</b>						
1.00	ELECTROCARDIOLOGY	69.00	0	1,727	1.00	
	0		0	1,727		
<b>J - IMPLANTS</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,690,693	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	
	0		0	6,690,693		
500.00	Grand Total: Increases		464,664	13,239,106	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6  
Date/Time Prepared:  
11/17/2015 10:30 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - POSTAGE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34,346	0		1.00
	O		0	34,346			
<b>B - CAPITAL RELATED INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,359	9		1.00
	O		0	2,359			
<b>C - CLINIC BEDS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,681	9		1.00
	O		0	8,681			
<b>D - CHARGEABLE MED SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	823,852	0		1.00
	O		0	823,852			
<b>E - CAFETERIA</b>							
1.00	DIETARY	10.00	464,664	794,981	0		1.00
	O		464,664	794,981			
<b>F - RENTALS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,650	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	449	0		2.00
3.00	DATA PROCESSING	5.02	0	1,600	0		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,320	0		4.00
5.00	ADMINISTRATIVE	5.04	0	10,920	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36,337	0		6.00
7.00	OPERATION OF PLANT	7.00	0	780	0		7.00
8.00	DIETARY	10.00	0	12,242	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,821	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,681	0		10.00
11.00	PHARMACY	15.00	0	4,180	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,400	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	96,549	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	41,210	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	7,023	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	42,876	0		16.00
17.00	OPERATING ROOM	50.00	0	63,686	0		17.00
18.00	ENDOSCOPY	50.01	0	77,605	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	62,364	0		19.00
20.00	RADIOISOTOPE	56.00	0	380	0		20.00
21.00	LABORATORY	60.00	0	4,260	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	21,208	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	2,704	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,500	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	144	0		25.00
26.00	CLINIC	90.00	0	4,110	0		26.00
27.00	WOUND CARE	90.01	0	3,225	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	19,264	0		28.00
29.00	EMERGENCY	91.00	0	13,387	0		29.00
	O		0	553,875			
<b>G - EQUIPMENT DEPRECIATION</b>							
1.00	NEW CAPITAL COSTS-BLDG & FIXTURES	1.00	0	1,756,304	9		1.00
	O		0	1,756,304			
<b>H - DRUGS SOLD</b>							
1.00	PHARMACY	15.00	0	2,572,288	0		1.00
	O		0	2,572,288			
<b>I - HEART CENTER RECLASS</b>							
1.00	RUSH HEART CENTER	90.04	0	1,727	0		1.00
	O		0	1,727			
<b>J - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5	0		1.00
2.00	OPERATING ROOM	50.00	0	5,966,286	0		2.00
3.00	ENDOSCOPY	50.01	0	396	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	505,686	0		4.00
5.00	RADIOISOTOPE	56.00	0	4,682	0		5.00
6.00	ULTRASOUND/VASC LAB	56.01	0	5	0		6.00
7.00	EMERGENCY	91.00	0	213,633	0		7.00
	O		0	6,690,693			
500.00	Grand Total: Decreases		464,664	13,239,106			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,932,720	69,632	0	69,632	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	69,351,538	0	0	0	30,915,779	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	47,025,530	0	0	0	11,695,056	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	127,309,788	69,632	0	69,632	42,610,835	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	127,309,788	69,632	0	69,632	42,610,835	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	11,002,352	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	38,435,759	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	35,330,474	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	84,768,585	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	84,768,585	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

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	NEW CAP REL COSTS-BLDG & FIXT	4,366,877	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,366,877	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	NEW CAP REL COSTS-BLDG & FIXT	0	4,366,877				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,366,877				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/17/2015 10:30 am

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	NEW CAP REL COSTS-BLDG & FIXT	49,438,111	0	49,438,111	0.583213	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	35,330,474	0	35,330,474	0.416787	0	2.00
3.00	Total (sum of lines 1-2)	84,768,585	0	84,768,585	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,099,347	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,728,917	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,828,264	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,099,347	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,728,917	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,828,264	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:  
11/17/2015 10:30 am

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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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)	B	-39,776	PURCHASING RECEIVING AND STORES	5.03		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	-118,938	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,474,803				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-360,083	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-513,585	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-589,943	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 OTHER MISC	B	-3,000	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.00
33.01 SALE OF SILVER	B	-6,400	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.02
33.03 JURY DUTY	B	-553	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.03
33.05 INFO CENTER	B	-34	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.05
34.00 EMPLOYEE IDS	B	-530	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
34.01 PROVIDER ASSESSMENT TAX	A	-2,957,241	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	34.01
35.00 INTEREST INCOME	B	-1,014	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	35.00
36.00 MEDICAL EXEC INCOME	B	-149,855	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	36.00
38.00 VOLUNTEERS	B	-109,755	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	38.00
40.00 PULMONARY REHAB PROGRAM REVENUE	B	-6,281	PULMONARY REHAB	90.02	0	40.00
41.00 DIABETES ENDOCRINE OPERATING INCOME	B	-500	CLINIC	90.00	0	41.00
42.00 BREAST CENTER CLIENT REVENUE	B	-18,427	RADIOISOTOPE	56.00	0	42.00
43.00 LAB CLIENT REVENUE	B	-37,523	LABORATORY	60.00	0	43.00
44.00 BLOOD BANK CLIENT REVENUE	B	-1,704	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	44.00
45.00 SPEECH THERAPY CLIENT REVENUE	B	-920	SPEECH PATHOLOGY	68.00	0	45.00
45.01 NUCLEAR MED CLIENT REVENUE	B	240	RADIOISOTOPE	56.00	0	45.01
45.02 DIAGNOSTIC CLIENT REVENUE	B	-8,712	RADIOLOGY-DIAGNOSTIC	54.00	0	45.02
45.03 ULTRA/VAS CLIENT REVENUE	B	-1,275	ULTRASOUND/VASC LAB	56.01	0	45.03
45.04 OTHER OPERATING INCOME	B	-124,245	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.04
45.05 CPD REVENUE	B	-8,087	CENTRAL SERVICES & SUPPLY	14.00	0	45.05
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,624,556				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:  
11/17/2015 10:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	524,150	464,150	60,000	177,200	528	1.00
2.00	17.00	SOCIAL SERVICE	2,500	0	2,500	177,200	192	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	202,051	172,051	30,000	177,200	450	3.00
4.00	41.00	SUBPROVIDER - IRF	263,052	263,052	0	177,200	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	9,636	9,636	0	0	0	5.00
6.00	50.00	OPERATING ROOM	24,000	0	24,000	177,200	120	6.00
7.00	50.01	ENDOSCOPY	70,000	70,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	49,999	49,999	0	0	0	8.00
9.00	60.00	LABORATORY	50,010	50,010	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	53,755	53,755	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	10,320	10,320	0	0	0	11.00
12.00	90.00	CLINIC	895,046	860,046	35,000	177,200	520	12.00
13.00	90.01	WOUND CARE	24,000	24,000	0	0	0	13.00
14.00	90.02	PULMONARY REHAB	4,000	0	4,000	177,200	36	14.00
15.00	90.04	RUSH HEART CENTER	192,000	192,000	0	0	0	15.00
16.00	91.00	EMERGENCY	2,332,376	2,148,712	183,664	177,200	1,248	16.00
200.00			4,706,895	4,367,731	339,164		3,094	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 ADMINISTRATIVE AND GENERAL	44,982	2,249	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	16,357	818	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,337	1,917	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	10,223	511	0	0	0	6.00
7.00	50.01	ENDOSCOPY	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	90.00	CLINIC	44,300	2,215	0	0	0	12.00
13.00	90.01	WOUND CARE	0	0	0	0	0	13.00
14.00	90.02	PULMONARY REHAB	3,067	153	0	0	0	14.00
15.00	90.04	RUSH HEART CENTER	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	106,320	5,316	0	0	0	16.00
200.00			263,586	13,179	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 ADMINISTRATIVE AND GENERAL	0	44,982	15,018	479,168		1.00
2.00	17.00	SOCIAL SERVICE	0	16,357	0	0		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,337	0	172,051		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	263,052		4.00
5.00	44.00	SKILLED NURSING FACILITY	0	0	0	9,636		5.00
6.00	50.00	OPERATING ROOM	0	10,223	13,777	13,777		6.00
7.00	50.01	ENDOSCOPY	0	0	0	70,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	49,999		8.00
9.00	60.00	LABORATORY	0	0	0	50,010		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	53,755		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	10,320		11.00
12.00	90.00	CLINIC	0	44,300	0	860,046		12.00
13.00	90.01	WOUND CARE	0	0	0	24,000		13.00
14.00	90.02	PULMONARY REHAB	0	3,067	933	933		14.00
15.00	90.04	RUSH HEART CENTER	0	0	0	192,000		15.00
16.00	91.00	EMERGENCY	0	106,320	77,344	2,226,056		16.00
200.00			0	263,586	107,072	4,474,803		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	2,099,347	2,099,347			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,728,917		1,728,917		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,013,816	26,958	2,482	11,043,256	4.00
5.01 00540	NONPATIENT TELEPHONES	149,586	2,326	1,391	0	153,303 5.01
5.02 00550	DATA PROCESSING	1,240,370	21,467	129,670	97,137	3,051 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	335,635	63,478	6,870	64,503	4,068 5.03
5.04 00570	ADMINISTRATIVE	866,804	16,198	7,278	167,785	3,305 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	24,015	33,663	0	6,102 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	8,971,781	92,787	50,670	673,210	18,307 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	5,632,863	775,156	42,047	179,351	8,135 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	95,270	9,047	312	15,770	0 8.00
9.00 00900	HOUSEKEEPING	1,257,923	16,726	6,358	137,204	1,017 9.00
10.00 01000	DIETARY	710,569	79,814	10,838	59,661	6,356 10.00
11.00 01100	CAFETERIA	899,562	0	0	103,972	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,853,288	18,993	29,402	371,005	3,305 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	438,971	40,628	26,948	80,655	1,780 14.00
15.00 01500	PHARMACY	1,599,586	11,887	10,225	269,229	2,542 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	991,547	32,094	39,338	141,806	9,152 16.00
17.00 01700	SOCIAL SERVICE	628,153	3,131	178	128,728	763 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	172,386	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,158,691	134,422	64,191	1,430,950	12,966 30.00
31.00 03100	INTENSIVE CARE UNIT	2,627,808	36,978	74,830	510,051	4,830 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	757,340	55,922	10,412	144,726	8,135 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	1,406,833	77,581	10,881	274,756	4,576 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,292,456	98,179	138,228	734,553	7,627 50.00
50.01 05001	ENDOSCOPY	871,164	20,099	51,535	140,429	4,576 50.01
51.00 05100	RECOVERY ROOM	848,109	7,975	6,052	184,231	0 51.00
53.00 05300	ANESTHESIOLOGY	799,886	1,891	31,041	95,086	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,943,085	71,300	294,143	552,384	7,627 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	820,529	69,433	242,712	105,790	6,102 56.00
56.01 05602	ULTRASOUND/VASC LAB	510,471	2,943	53,614	102,081	1,017 56.01
57.00 05700	CT SCAN	956,540	2,454	123,212	139,915	763 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	3,014,248	47,981	49,537	384,824	9,407 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	464,574	2,696	50	33,819	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	630,095	8,247	46,020	105,404	2,542 65.00
66.00 06600	PHYSICAL THERAPY	1,237,047	48,435	7,823	214,440	2,034 66.00
67.00 06700	OCCUPATIONAL THERAPY	537,802	6,370	1,083	108,461	508 67.00
68.00 06800	SPEECH PATHOLOGY	119,058	1,156	126	16,113	763 68.00
69.00 06900	ELECTROCARDIOLOGY	670,919	5,941	31,246	93,599	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	61,845	1,200	1,473	11,546	254 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	823,852	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,690,693	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,572,288	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	355,917	0	89	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	814,890	90,150	17,505	230,376	5,847 90.00
90.01 09001	WOUND CARE	715,809	20,795	5,323	100,227	508 90.01
90.02 09002	PULMONARY REHAB	85,100	0	4,259	16,882	0 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	4,416,972	45,714	33,287	1,301,305	4,830 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,890,395	2,092,567	1,696,342	9,521,964	152,795	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,200	45	0	508	190.00
190.01	19001	ADC	0	0	7,127	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,203,590	1,580	25,403	1,521,292	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	102,093,985	2,099,347	1,728,917	11,043,256	153,303	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING	1,491,695				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,445	479,999			5.03
5.04	00570	ADMINITTING	13,836	1,667	1,076,873		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,150	0	65,930	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	204,322	4,082	0	0	10,015,159
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	88,809	615	0	0	6,726,976
8.00	00800	LAUNDRY & LINEN SERVICE	1,502	37	0	0	121,938
9.00	00900	HOUSEKEEPING	19,830	36	0	0	1,439,094
10.00	01000	DIETARY	31,251	1,289	0	0	899,778
11.00	01100	CAFETERIA	0	0	0	0	1,003,534
13.00	01300	NURSING ADMINISTRATION	29,260	595	0	0	2,305,848
14.00	01400	CENTRAL SERVICES & SUPPLY	20,308	40,118	0	0	649,408
15.00	01500	PHARMACY	65,831	12,103	0	0	1,971,403
16.00	01600	MEDICAL RECORDS & LIBRARY	15,716	1,222	0	0	1,230,875
17.00	01700	SOCIAL SERVICE	9,902	72	0	0	770,927
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,430	44	0	0	177,860
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	114,372	15,912	61,901	3,787	8,997,192
31.00	03100	INTENSIVE CARE UNIT	42,074	6,881	22,508	1,377	3,327,337
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	16,196	2,395	4,173	255	999,554
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	23,005	2,396	9,951	609	1,810,588
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	210,213	199,118	153,160	9,370	8,842,904
50.01	05001	ENDOSCOPY	16,066	13,931	32,302	1,976	1,152,078
51.00	05100	RECOVERY ROOM	13,370	315	22,983	1,406	1,084,441
53.00	05300	ANESTHESIOLOGY	13,398	26,664	46,219	2,828	1,017,013
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,116	66,788	110,145	6,739	6,139,327
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	13,301	3,518	15,780	965	1,278,130
56.01	05602	ULTRASOUND/VASC LAB	8,067	1,513	17,798	1,089	698,593
57.00	05700	CT SCAN	15,079	2,916	59,049	3,613	1,303,541
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	48,964	18,867	179,960	11,058	3,764,846
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,350	769	6,568	402	516,228
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,267	7,275	12,597	771	823,218
66.00	06600	PHYSICAL THERAPY	19,543	3,010	22,761	1,393	1,556,486
67.00	06700	OCCUPATIONAL THERAPY	8,478	2,166	10,460	640	675,968
68.00	06800	SPEECH PATHOLOGY	1,891	110	2,178	133	141,528
69.00	06900	ELECTROCARDIOLOGY	11,420	2,080	22,130	1,354	838,689
70.00	07000	ELECTROENCEPHALOGRAPHY	1,140	146	382	23	78,009
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,577	96	825,525
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,674	3,406	6,749,773
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,293	4,423	2,649,004
74.00	07400	RENAL DIALYSIS	5,611	0	6,772	414	368,803
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	26,476	2,716	15,388	941	1,204,289
90.01	09001	WOUND CARE	11,713	6,577	10,807	661	872,420
90.02	09002	PULMONARY REHAB	1,455	85	700	43	108,524
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	108,299	21,211	100,657	6,158	6,038,433
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,346,306	471,389	1,076,873	65,930	91,175,241	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	5,755	190.00
190.01	19001 ADC	0	421	0	0	7,548	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	145,389	8,187	0	0	10,905,441	192.00
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)	1,491,695	479,999	1,076,873	65,930	102,093,985	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,015,159					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	731,673	0	7,458,649			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,263	0	62,656	197,857		8.00
9.00	00900	HOUSEKEEPING	156,526	0	115,839	0	1,711,459	9.00
10.00	01000	DIETARY	97,866	0	552,759	0	53,109	10.00
11.00	01100	CAFETERIA	109,151	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	250,800	0	131,538	0	15,469	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	70,634	0	281,373	968	25,781	14.00
15.00	01500	PHARMACY	214,424	0	82,322	137	13,485	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	133,879	0	222,273	0	36,292	16.00
17.00	01700	SOCIAL SERVICE	83,851	0	21,684	0	3,649	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	19,345	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	978,598	0	930,951	39,470	348,481	30.00
31.00	03100	INTENSIVE CARE UNIT	361,904	0	256,098	8,413	86,862	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	108,718	0	387,294	7,968	91,423	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	196,932	0	537,300	12,001	123,749	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	961,816	0	679,953	35,357	208,310	50.00
50.01	05001	ENDOSCOPY	125,308	0	139,199	5,141	15,469	50.01
51.00	05100	RECOVERY ROOM	117,951	0	55,235	5,408	10,312	51.00
53.00	05300	ANESTHESIOLOGY	110,617	0	13,099	0	25,781	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	667,756	0	493,796	14,533	123,114	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	139,018	0	480,868	3,600	39,266	56.00
56.01	05602	ULTRASOUND/VASC LAB	75,984	0	20,384	0	10,312	56.01
57.00	05700	CT SCAN	141,782	0	16,998	0	5,156	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	409,491	0	332,298	0	103,124	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	56,149	0	18,674	0	5,156	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	89,539	0	57,116	0	13,961	65.00
66.00	06600	PHYSICAL THERAPY	169,294	0	335,445	6,513	61,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,523	0	44,119	2,993	16,857	67.00
68.00	06800	SPEECH PATHOLOGY	15,394	0	8,003	0	3,649	68.00
69.00	06900	ELECTROCARDIOLOGY	91,222	0	41,144	1,340	61,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,485	0	8,311	793	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,790	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	734,153	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,124	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	40,114	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	130,987	0	624,341	1,250	69,172	90.00
90.01	09001	WOUND CARE	94,891	0	144,021	717	61,874	90.01
90.02	09002	PULMONARY REHAB	11,804	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	656,782	0	316,600	51,255	72,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,827,538	0	7,411,691	197,857	1,706,303	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	626	0	36,014	0	5,156	190.00
190.01	19001 ADC	821	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,186,174	0	10,944	0	0	192.00
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)	10,015,159	0	7,458,649	197,857	1,711,459	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						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	1,603,512					10.00
11.00	01100	0	1,112,685				11.00
13.00	01300	0	39,025	2,742,680			13.00
14.00	01400	0	16,055	0	1,044,219		14.00
15.00	01500	0	25,051	0	0	2,306,822	15.00
16.00	01600	0	23,419	0	0	0	16.00
17.00	01700	0	12,199	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,060,278	198,182	853,928	29,235	0	30.00
31.00	03100	103,352	59,445	259,575	14,339	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	78,854	18,911	81,797	4,498	0	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	361,028	41,554	177,217	4,350	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	83,802	358,357	304,052	0	50.00
50.01	05001	0	17,401	0	32,126	0	50.01
51.00	05100	0	16,911	75,042	685	0	51.00
53.00	05300	0	7,691	32,170	62,160	0	53.00
54.00	05400	0	75,459	0	145,064	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	12,199	0	6,144	0	56.00
56.01	05602	0	9,914	0	3,422	0	56.01
57.00	05700	0	15,545	0	6,366	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	60,608	0	37,251	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	4,753	0	1,828	0	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	12,383	0	16,830	0	65.00
66.00	06600	0	23,154	100,438	5,985	0	66.00
67.00	06700	0	11,730	50,862	4,852	0	67.00
68.00	06800	0	2,489	10,394	186	0	68.00
69.00	06900	0	11,995	51,820	4,282	0	69.00
70.00	07000	0	816	0	250	0	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	0	94,618	0	71.00
72.00	07200	0	0	0	170,935	0	72.00
73.00	07300	0	0	0	25,762	2,306,822	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	27,703	121,840	3,040	0	90.00
90.01	09001	0	12,097	53,885	14,637	0	90.01
90.02	09002	0	2,305	9,825	186	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	0	117,503	505,530	42,857	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	86	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	152,386	0	8,193	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,603,512	1,112,685	2,742,680	1,044,219	2,306,822	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND 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
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	1,646,738				16.00
17.00 01700 SOCIAL SERVICE	0	892,310			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		197,205	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	94,656	830,542	0	197,205	14,558,718
31.00 03100 INTENSIVE CARE UNIT	34,418	0	0	0	4,511,743
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	6,382	61,768	0	0	1,847,167
42.00 04200 SUBPROVIDER	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	15,217	0	0	0	3,279,936
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	234,206	0	0	0	11,708,757
50.01 05001 ENDOSCOPY	49,394	0	0	0	1,536,116
51.00 05100 RECOVERY ROOM	35,145	0	0	0	1,401,130
53.00 05300 ANESTHESIOLOGY	70,676	0	0	0	1,339,207
54.00 05400 RADIOLOGY-DIAGNOSTIC	168,429	0	0	0	7,827,478
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	24,129	0	0	0	1,983,354
56.01 05602 ULTRASOUND/VASC LAB	27,216	0	0	0	845,825
57.00 05700 CT SCAN	90,295	0	0	0	1,579,683
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	275,216	0	0	0	4,982,834
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	10,044	0	0	0	612,832
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	19,262	0	0	0	1,032,309
66.00 06600 PHYSICAL THERAPY	34,805	0	0	0	2,293,994
67.00 06700 OCCUPATIONAL THERAPY	15,995	0	0	0	896,899
68.00 06800 SPEECH PATHOLOGY	3,330	0	0	0	184,973
69.00 06900 ELECTROCARDIOLOGY	33,841	0	0	0	1,136,207
70.00 07000 ELECTROENCEPHALOGRAPHY	585	0	0	0	97,249
70.01 07001 SLEEP LAB	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,411	0	0	0	1,012,344
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	85,135	0	0	0	7,739,996
73.00 07300 DRUGS CHARGED TO PATIENTS	110,548	0	0	0	5,380,260
74.00 07400 RENAL DIALYSIS	10,356	0	0	0	419,273
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	23,531	0	0	0	2,206,153
90.01 09001 WOUND CARE	16,525	0	0	0	1,271,067
90.02 09002 PULMONARY REHAB	1,070	0	0	0	133,714
90.03 09003 SPINE CENTER	0	0	0	0	0
90.04 09004 RUSH HEART CENTER	0	0	0	0	0
91.00 09100 EMERGENCY	153,921	0	0	0	7,955,623
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,646,738	892,310	0	197,205	89,774,841
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	47,551
190.01 19001	ADC	0	0	0	0	8,455
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	12,263,138
200.00	Cross Foot Adjustments			0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,646,738	892,310	0	197,205	102,093,985

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND 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
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-197,205	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE	0	90.01
90.02	09002	PULMONARY REHAB	0	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-197,205	89,577,636	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,551	190.00
190.01	19001	ADC	0	8,455	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,263,138	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-197,205	101,896,780	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,958	2,482	29,440	29,440 4.00
5.01 00540	NONPATIENT TELEPHONES	0	2,326	1,391	3,717	0 5.01
5.02 00550	DATA PROCESSING	0	21,467	129,670	151,137	259 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	63,478	6,870	70,348	172 5.03
5.04 00570	ADMITTING	0	16,198	7,278	23,476	448 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	24,015	33,663	57,678	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	92,787	50,670	143,457	1,796 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	775,156	42,047	817,203	479 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	9,047	312	9,359	42 8.00
9.00 00900	HOUSEKEEPING	0	16,726	6,358	23,084	366 9.00
10.00 01000	DIETARY	0	79,814	10,838	90,652	159 10.00
11.00 01100	CAFETERIA	0	0	0	0	277 11.00
13.00 01300	NURSING ADMINISTRATION	0	18,993	29,402	48,395	990 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	40,628	26,948	67,576	215 14.00
15.00 01500	PHARMACY	0	11,887	10,225	22,112	718 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	32,094	39,338	71,432	378 16.00
17.00 01700	SOCIAL SERVICE	0	3,131	178	3,309	343 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	134,422	64,191	198,613	3,818 30.00
31.00 03100	INTENSIVE CARE UNIT	0	36,978	74,830	111,808	1,361 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	55,922	10,412	66,334	386 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	0	77,581	10,881	88,462	733 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	98,179	138,228	236,407	1,960 50.00
50.01 05001	ENDOSCOPY	0	20,099	51,535	71,634	375 50.01
51.00 05100	RECOVERY ROOM	0	7,975	6,052	14,027	492 51.00
53.00 05300	ANESTHESIOLOGY	0	1,891	31,041	32,932	254 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	71,300	294,143	365,443	1,474 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	69,433	242,712	312,145	282 56.00
56.01 05602	ULTRASOUND/VASC LAB	0	2,943	53,614	56,557	272 56.01
57.00 05700	CT SCAN	0	2,454	123,212	125,666	373 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (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	47,981	49,537	97,518	1,027 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,696	50	2,746	90 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	8,247	46,020	54,267	281 65.00
66.00 06600	PHYSICAL THERAPY	0	48,435	7,823	56,258	572 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	6,370	1,083	7,453	289 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,156	126	1,282	43 68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,941	31,246	37,187	250 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,200	1,473	2,673	31 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	89	89	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	90,150	17,505	107,655	615 90.00
90.01 09001	WOUND CARE	0	20,795	5,323	26,118	267 90.01
90.02 09002	PULMONARY REHAB	0	0	4,259	4,259	45 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	0	45,714	33,287	79,001	3,472 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,092,567	1,696,342	3,788,909	25,404 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,200	45	5,245	190.00
190.01 19001	ADC	0	0	7,127	7,127	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,580	25,403	26,983	4,036 192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,099,347	1,728,917	3,828,264	29,440 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	3,717					5.01
5.02	00550	DATA PROCESSING	74	151,470				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	99		553	71,172		5.03
5.04	00570	ADMINISTRATIVE	80	1,405		247	25,656	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	148		0	319		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	446	20,751		605		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	197	9,019	91	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	153	6	0	0	8.00
9.00	00900	HOUSEKEEPING	25	2,014	5	0	0	9.00
10.00	01000	DIETARY	154	3,174	191	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	80	2,972	88	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43	2,063	5,948	0	0	14.00
15.00	01500	PHARMACY	62	6,686	1,795	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	222	1,596	181	0	0	16.00
17.00	01700	SOCIAL SERVICE	18	1,006	11	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	551	7	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	314	11,616	2,359	1,484	3,344	30.00
31.00	03100	INTENSIVE CARE UNIT	117	4,273	1,020	540	1,216	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	197	1,645	355	100	225	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	111	2,336	355	239	538	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	185	21,318	29,526	3,671	8,274	50.00
50.01	05001	ENDOSCOPY	111	1,632	2,066	774	1,745	50.01
51.00	05100	RECOVERY ROOM	0	1,358	47	551	1,242	51.00
53.00	05300	ANESTHESIOLOGY	0	1,361	3,954	1,108	2,497	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	185	8,848	9,903	2,640	5,951	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	148	1,351	522	378	852	56.00
56.01	05602	ULTRASOUND/VASC LAB	25	819	224	427	962	56.01
57.00	05700	CT SCAN	18	1,531	432	1,415	3,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	228	4,973	2,797	4,156	9,687	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	747	114	157	355	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	62	1,043	1,079	302	681	65.00
66.00	06600	PHYSICAL THERAPY	49	1,985	446	546	1,230	66.00
67.00	06700	OCCUPATIONAL THERAPY	12	861	321	251	565	67.00
68.00	06800	SPEECH PATHOLOGY	18	192	16	52	118	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,160	308	530	1,196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	116	22	9	21	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38	85	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,335	3,008	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,733	3,906	73.00
74.00	07400	RENAL DIALYSIS	0	570	0	162	366	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	142	2,689	403	369	831	90.00
90.01	09001	WOUND CARE	12	1,190	975	259	584	90.01
90.02	09002	PULMONARY REHAB	0	148	13	17	38	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	117	10,999	3,145	2,413	5,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,705	136,704	69,896	25,656	58,145	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	0	0	0	0	190.00
190.01	19001 ADC	0	0	62	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,766	1,214	0	0	192.00
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)	3,717	151,470	71,172	25,656	58,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	167,055				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	12,203	0	839,192		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	221	0	7,050	16,831	8.00
9.00	00900	HOUSEKEEPING	2,611	0	13,033	0	41,138
10.00	01000	DIETARY	1,632	0	62,192	0	1,277
11.00	01100	CAFETERIA	1,820	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,183	0	14,800	0	372
14.00	01400	CENTRAL SERVICES & SUPPLY	1,178	0	31,658	82	620
15.00	01500	PHARMACY	3,576	0	9,262	12	324
16.00	01600	MEDICAL RECORDS & LIBRARY	2,233	0	25,009	0	872
17.00	01700	SOCIAL SERVICE	1,398	0	2,440	0	88
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	323	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,321	0	104,746	3,358	8,374
31.00	03100	INTENSIVE CARE UNIT	6,036	0	28,814	716	2,088
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,813	0	43,575	678	2,198
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	3,284	0	60,453	1,021	2,975
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,041	0	76,503	3,008	5,007
50.01	05001	ENDOSCOPY	2,090	0	15,662	437	372
51.00	05100	RECOVERY ROOM	1,967	0	6,215	460	248
53.00	05300	ANESTHESIOLOGY	1,845	0	1,474	0	620
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,137	0	55,558	1,236	2,959
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,319	0	54,104	306	944
56.01	05602	ULTRASOUND/VASC LAB	1,267	0	2,293	0	248
57.00	05700	CT SCAN	2,365	0	1,912	0	124
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,829	0	37,388	0	2,479
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	936	0	2,101	0	124
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,493	0	6,426	0	336
66.00	06600	PHYSICAL THERAPY	2,823	0	37,742	554	1,487
67.00	06700	OCCUPATIONAL THERAPY	1,226	0	4,964	255	405
68.00	06800	SPEECH PATHOLOGY	257	0	900	0	88
69.00	06900	ELECTROCARDIOLOGY	1,521	0	4,629	114	1,487
70.00	07000	ELECTROENCEPHALOGRAPHY	142	0	935	67	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,498	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,244	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,805	0	0	0	0
74.00	07400	RENAL DIALYSIS	669	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,185	0	70,246	106	1,663
90.01	09001	WOUND CARE	1,583	0	16,204	61	1,487
90.02	09002	PULMONARY REHAB	197	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	10,954	0	35,621	4,360	1,748
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	147,225	0	833,909	16,831	41,014	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	0	4,052	0	124	190.00
190.01	19001 ADC	14	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	19,806	0	1,231	0	0	192.00
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)	167,055	0	839,192	16,831	41,138	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND 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	159,431					10.00
11.00	01100	CAFETERIA	0	2,097				11.00
13.00	01300	NURSING ADMINISTRATION	0	74	71,954			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30	0	109,413		14.00
15.00	01500	PHARMACY	0	47	0	0	44,594	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	23	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	105,419	374	22,403	3,063	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	112	6,810	1,503	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,840	36	2,146	471	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	35,896	78	4,649	456	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	158	9,401	31,858	0	50.00
50.01	05001	ENDOSCOPY	0	33	0	3,366	0	50.01
51.00	05100	RECOVERY ROOM	0	32	1,969	72	0	51.00
53.00	05300	ANESTHESIOLOGY	0	14	844	6,513	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	142	0	15,200	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	23	0	644	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	19	0	359	0	56.01
57.00	05700	CT SCAN	0	29	0	667	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	114	0	3,903	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9	0	192	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	23	0	1,763	0	65.00
66.00	06600	PHYSICAL THERAPY	0	44	2,635	627	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22	1,334	508	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5	273	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23	1,359	449	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	26	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,914	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,911	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,699	44,594	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	52	3,196	319	0	90.00
90.01	09001	WOUND CARE	0	23	1,414	1,534	0	90.01
90.02	09002	PULMONARY REHAB	0	4	258	19	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	221	13,263	4,491	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY												
		10.00	11.00	13.00	14.00	15.00												
118.00		SUBTOTALS (SUM OF LINES 1-117)					159,431	1,810	71,954	108,546	44,594	118.00						
NONREIMBURSABLE COST CENTERS																		
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN										0	0	0	0	0	0	190.00
190.01	19001	ADC										0	0	0	9	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES										0	287	0	858	0	0	192.00
200.00	Cross Foot Adjustments																	200.00
201.00	Negative Cost Centers											0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)											159,431	2,097	71,954	109,413	44,594	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540	NONPATIENT TELEPHONES				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00560	PURCHASING RECEIVING AND STORES				5.03
5.04 00570	ADMITTING				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590	OTHER ADMINISTRATIVE AND 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
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	101,967			16.00
17.00 01700	SOCIAL SERVICE	0	8,636		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	881	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	5,869	8,038		499,513 30.00
31.00 03100	INTENSIVE CARE UNIT	2,134	0		178,824 31.00
40.00 04000	SUBPROVIDER - IPF	0	0		0 40.00
41.00 04100	SUBPROVIDER - IRF	396	598		128,993 41.00
42.00 04200	SUBPROVIDER	0	0		0 42.00
44.00 04400	SKILLED NURSING FACILITY	943	0		202,529 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	14,521	0		457,838 50.00
50.01 05001	ENDOSCOPY	3,063	0		103,360 50.01
51.00 05100	RECOVERY ROOM	2,179	0		30,859 51.00
53.00 05300	ANESTHESIOLOGY	4,382	0		57,798 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,443	0		491,119 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0 55.00
56.00 05600	RADIOISOTOPE	1,496	0		375,514 56.00
56.01 05602	ULTRASOUND/VASC LAB	1,687	0		65,159 56.01
57.00 05700	CT SCAN	5,599	0		143,321 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		0 59.00
60.00 06000	LABORATORY	16,929	0		188,028 60.00
60.01 06001	BLOOD LABORATORY	0	0		0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	623	0		8,194 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0		0 64.00
65.00 06500	RESPIRATORY THERAPY	1,194	0		68,950 65.00
66.00 06600	PHYSICAL THERAPY	2,158	0		109,156 66.00
67.00 06700	OCCUPATIONAL THERAPY	992	0		19,458 67.00
68.00 06800	SPEECH PATHOLOGY	206	0		3,469 68.00
69.00 06900	ELECTROCARDIOLOGY	2,098	0		52,311 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	36	0		4,086 70.00
70.01 07001	SLEEP LAB	0	0		0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	150	0		11,685 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,279	0		39,777 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,854	0		64,591 73.00
74.00 07400	RENAL DIALYSIS	642	0		2,498 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0		0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 89.00
90.00 09000	CLINIC	1,459	0		191,930 90.00
90.01 09001	WOUND CARE	1,025	0		52,736 90.01
90.02 09002	PULMONARY REHAB	66	0		5,064 90.02
90.03 09003	SPINE CENTER	0	0		0 90.03
90.04 09004	RUSH HEART CENTER	0	0		0 90.04
91.00 09100	EMERGENCY	9,544	0		184,787 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910	CORF	0	0		0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900	PANCREAS ACQUISITION	0	0		0 109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0		0	110.00
111.00 11100	ISLET ACQUISITION	0	0		0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,967	8,636	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		9,443	190.00
190.01 19001	ADC	0	0		7,212	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		69,181	192.00
200.00	Cross Foot Adjustments			0	881	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	101,967	8,636	0	881	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND 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
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	499,513	30.00
31.00	03100	INTENSIVE CARE UNIT	178,824	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	128,993	41.00
42.00	04200	SUBPROVIDER	0	42.00
44.00	04400	SKILLED NURSING FACILITY	202,529	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	457,838	50.00
50.01	05001	ENDOSCOPY	103,360	50.01
51.00	05100	RECOVERY ROOM	30,859	51.00
53.00	05300	ANESTHESIOLOGY	57,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	491,119	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	375,514	56.00
56.01	05602	ULTRASOUND/VASC LAB	65,159	56.01
57.00	05700	CT SCAN	143,321	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	188,028	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,194	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,950	65.00
66.00	06600	PHYSICAL THERAPY	109,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,458	67.00
68.00	06800	SPEECH PATHOLOGY	3,469	68.00
69.00	06900	ELECTROCARDIOLOGY	52,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,086	70.00
70.01	07001	SLEEP LAB	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,685	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,591	73.00
74.00	07400	RENAL DIALYSIS	2,498	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	191,930	90.00
90.01	09001	WOUND CARE	52,736	90.01
90.02	09002	PULMONARY REHAB	5,064	90.02
90.03	09003	SPINE CENTER	0	90.03
90.04	09004	RUSH HEART CENTER	0	90.04
91.00	09100	EMERGENCY	184,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,741,547
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,443
190.01	19001	ADC	0	7,212
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	69,181
200.00		Cross Foot Adjustments	0	881
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	3,828,264

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	425,111				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	49,353,548		4.00
5.01	00540	NONPATIENT TELEPHONES	471	1,530	0	603	5.01
5.02	00550	DATA PROCESSING	4,347	142,657	434,118	12	94,627,998
5.03	00560	PURCHASING RECEIVING AND STORES	12,854	7,558	288,272	16	345,385
5.04	00570	ADMINISTRATIVE	3,280	8,007	749,850	13	877,724
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	3,008,653	72	12,961,300
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	156,966	46,258	801,538	32	5,633,643
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	70,479	8	95,270
9.00	00900	HOUSEKEEPING	3,387	6,995	613,179	4	1,257,923
10.00	01000	DIETARY	16,162	11,924	266,634	25	1,982,456
11.00	01100	CAFETERIA	0	0	464,664	0	0
13.00	01300	NURSING ADMINISTRATION	3,846	32,347	1,658,065	13	1,856,109
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	360,457	7	1,288,277
15.00	01500	PHARMACY	2,407	11,249	1,203,214	10	4,176,054
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	633,745	36	996,947
17.00	01700	SOCIAL SERVICE	634	196	575,302	3	628,153
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	344,437
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	27,220	70,620	6,395,077	51	7,255,240
31.00	03100	INTENSIVE CARE UNIT	7,488	82,325	2,279,478	19	2,669,018
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	11,324	11,455	646,798	32	1,027,415
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	15,710	11,971	1,227,914	18	1,459,345
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,881	152,073	3,282,801	30	13,336,205
50.01	05001	ENDOSCOPY	4,070	56,697	627,594	18	1,019,165
51.00	05100	RECOVERY ROOM	1,615	6,658	823,349	0	848,109
53.00	05300	ANESTHESIOLOGY	383	34,150	424,948	0	849,885
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	2,468,668	30	5,526,247
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	14,060	267,022	472,788	24	843,778
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	456,213	4	511,751
57.00	05700	CT SCAN	497	135,553	625,295	3	956,540
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,716	54,498	1,719,821	37	3,106,041
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	151,139	0	466,278
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,670	50,629	471,063	10	651,303
66.00	06600	PHYSICAL THERAPY	9,808	8,606	958,357	8	1,239,751
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	484,726	2	537,802
68.00	06800	SPEECH PATHOLOGY	234	139	72,012	3	119,978
69.00	06900	ELECTROCARDIOLOGY	1,203	34,375	418,304	0	724,447
70.00	07000	ELECTROENCEPHALOGRAPHY	243	1,621	51,601	1	72,309
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	98	0	0	355,917
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	18,255	19,258	1,029,575	23	1,679,546
90.01	09001	WOUND CARE	4,211	5,856	447,924	2	743,034
90.02	09002	PULMONARY REHAB	0	4,686	75,447	0	92,314
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	9,257	36,621	5,815,679	19	6,870,048
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	42,554,741	601	85,405,144	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	6,798,807	0	9,222,854	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,099,347	1,728,917	11,043,256	153,303	1,491,695	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.938350	0.908960	0.223758	254.233831	0.015764	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			29,440	3,717	151,470	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000597	6.164179	0.001601	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCU. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00570	ADMITTING	15,115	385,312,046			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	385,312,046		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,006	0	0	-10,015,159	92,078,826
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	6,726,976
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	121,938
9.00	00900	HOUSEKEEPING	330	0	0	0	1,439,094
10.00	01000	DIETARY	11,690	0	0	0	899,778
11.00	01100	CAFETERIA	0	0	0	0	1,003,534
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	2,305,848
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	649,408
15.00	01500	PHARMACY	109,723	0	0	0	1,971,403
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,230,875
17.00	01700	SOCIAL SERVICE	652	0	0	0	770,927
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	177,860
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	144,260	22,147,017	22,147,017	0	8,997,192
31.00	03100	INTENSIVE CARE UNIT	62,380	8,052,803	8,052,803	0	3,327,337
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	21,717	1,493,202	1,493,202	0	999,554
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	21,726	3,560,250	3,560,250	0	1,810,588
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,805,163	54,797,877	54,797,877	0	8,842,904
50.01	05001	ENDOSCOPY	126,302	11,556,964	11,556,964	0	1,152,078
51.00	05100	RECOVERY ROOM	2,852	8,223,027	8,223,027	0	1,084,441
53.00	05300	ANESTHESIOLOGY	241,735	16,536,181	16,536,181	0	1,017,013
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	39,407,864	39,407,864	0	6,139,327
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,892	5,645,628	5,645,628	0	1,278,130
56.01	05602	ULTRASOUND/VASC LAB	13,715	6,367,775	6,367,775	0	698,593
57.00	05700	CT SCAN	26,435	21,126,528	21,126,528	0	1,303,541
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	171,045	64,413,134	64,413,134	0	3,764,846
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,349,958	2,349,958	0	516,228
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,959	4,506,816	4,506,816	0	823,218
66.00	06600	PHYSICAL THERAPY	27,292	8,143,424	8,143,424	0	1,556,486
67.00	06700	OCCUPATIONAL THERAPY	19,641	3,742,478	3,742,478	0	675,968
68.00	06800	SPEECH PATHOLOGY	999	779,187	779,187	0	141,528
69.00	06900	ELECTROCARDIOLOGY	18,854	7,917,886	7,917,886	0	838,689
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	136,793	136,793	0	78,009
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	564,166	564,166	0	825,525
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,919,230	19,919,230	0	6,749,773
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,865,235	25,865,235	0	2,649,004
74.00	07400	RENAL DIALYSIS	0	2,423,053	2,423,053	0	368,803
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,619	5,505,546	5,505,546	0	1,204,289
90.01	09001	WOUND CARE	59,627	3,866,426	3,866,426	0	872,420
90.02	09002	PULMONARY REHAB	774	250,282	250,282	0	108,524
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	192,301	36,013,316	36,013,316	0	6,038,433
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,273,584	385,312,046	385,312,046	-10,015,159	81,160,082
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	5,755	190.00
190.01	19001	ADC	3,813	0	0	7,548	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,224	0	0	10,905,441	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	479,999	1,076,873	65,930	10,015,159	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.110303	0.002795	0.000171	0.108767	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	71,172	25,656	58,145	167,055	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016355	0.000067	0.000151	0.001814	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT		218,082			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,832	777,432		8.00
9.00	00900	HOUSEKEEPING	0	3,387	0	43,150	9.00
10.00	01000	DIETARY	0	16,162	0	1,339	67,289
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,846	0	390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227	3,803	650	0
15.00	01500	PHARMACY	0	2,407	540	340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,499	0	915	0
17.00	01700	SOCIAL SERVICE	0	634	0	92	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	27,220	155,088	8,786	44,493
31.00	03100	INTENSIVE CARE UNIT	0	7,488	33,057	2,190	4,337
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	11,324	31,308	2,305	3,309
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	15,710	47,155	3,120	15,150
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	19,881	138,928	5,252	0
50.01	05001	ENDOSCOPY	0	4,070	20,200	390	0
51.00	05100	RECOVERY ROOM	0	1,615	21,249	260	0
53.00	05300	ANESTHESIOLOGY	0	383	0	650	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,438	57,105	3,104	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	14,060	14,146	990	0
56.01	05602	ULTRASOUND/VASC LAB	0	596	0	260	0
57.00	05700	CT SCAN	0	497	0	130	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,716	0	2,600	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	546	0	130	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	352	0
66.00	06600	PHYSICAL THERAPY	0	9,808	25,590	1,560	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	11,761	425	0
68.00	06800	SPEECH PATHOLOGY	0	234	0	92	0
69.00	06900	ELECTROCARDIOLOGY	0	1,203	5,267	1,560	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	243	3,115	0	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	18,255	4,912	1,744	0
90.01	09001	WOUND CARE	0	4,211	2,818	1,560	0
90.02	09002	PULMONARY REHAB	0	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	9,257	201,390	1,834	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	216,709	777,432	43,020	67,289
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,053	0	130	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	320	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	7,458,649	197,857	1,711,459	1,603,512
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	34.201122	0.254501	39.663013	23.830225
204.00		Cost to be allocated (per Wkst. B, Part II)	0	839,192	16,831	41,138	159,431
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.848057	0.021649	0.953372	2.369347

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						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	54,544					11.00
13.00	01300	1,913	704,037				13.00
14.00	01400	787	0	3,983,910			14.00
15.00	01500	1,228	0	0	1,000		15.00
16.00	01600	1,148	0	0	0	385,312,046	16.00
17.00	01700	598	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	9,715	219,201	111,539	0	22,147,017	30.00
31.00	03100	2,914	66,632	54,708	0	8,052,803	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	927	20,997	17,162	0	1,493,202	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	2,037	45,491	16,595	0	3,560,250	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,108	91,989	1,160,014	0	54,797,877	50.00
50.01	05001	853	0	122,569	0	11,556,964	50.01
51.00	05100	829	19,263	2,614	0	8,223,027	51.00
53.00	05300	377	8,258	237,153	0	16,536,181	53.00
54.00	05400	3,699	0	553,448	0	39,407,864	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	598	0	23,441	0	5,645,628	56.00
56.01	05602	486	0	13,054	0	6,367,775	56.01
57.00	05700	762	0	24,288	0	21,126,528	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,971	0	142,121	0	64,413,134	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	233	0	6,973	0	2,349,958	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	607	0	64,211	0	4,506,816	65.00
66.00	06600	1,135	25,782	22,835	0	8,143,424	66.00
67.00	06700	575	13,056	18,511	0	3,742,478	67.00
68.00	06800	122	2,668	710	0	779,187	68.00
69.00	06900	588	13,302	16,337	0	7,917,886	69.00
70.00	07000	40	0	952	0	136,793	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	564,166	71.00
72.00	07200	0	0	652,153	0	19,919,230	72.00
73.00	07300	0	0	98,288	1,000	25,865,235	73.00
74.00	07400	0	0	0	0	2,423,053	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,358	31,276	11,599	0	5,505,546	90.00
90.01	09001	593	13,832	55,844	0	3,866,426	90.01
90.02	09002	113	2,522	708	0	250,282	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	5,760	129,768	163,507	0	36,013,316	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		47,074	704,037	3,952,322	1,000	385,312,046	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	7,470	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,112,685	2,742,680	1,044,219	2,306,822	1,646,738	202.00
203.00		20.399769	3.895648	0.262109	2,306.822000	0.004274	203.00
204.00		2,097	71,954	109,413	44,594	101,967	204.00
205.00		0.038446	0.102202	0.027464	44.594000	0.000265	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND 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
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	15,934				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	14,831	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	1,103	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
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
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS				
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,934	0	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	ADC	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	892,310	0	197,205	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	56.000377	0.000000	1,972.050000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,636	0	881	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.541986	0.000000	8.810000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	14,361,513		14,361,513	0	14,361,513	30.00
31.00	03100 INTENSIVE CARE UNIT	4,511,743		4,511,743	0	4,511,743	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP	1,847,167		1,847,167	0	1,847,167	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
44.00	04400 SKILLED NURSING FACILITY	3,279,936		3,279,936	0	3,279,936	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	11,708,757		11,708,757	13,777	11,722,534	50.00
50.01	05001 ENDOSCOPY	1,536,116		1,536,116	0	1,536,116	50.01
51.00	05100 RECOVERY ROOM	1,401,130		1,401,130	0	1,401,130	51.00
53.00	05300 ANESTHESIOLOGY	1,339,207		1,339,207	0	1,339,207	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,827,478		7,827,478	0	7,827,478	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,983,354		1,983,354	0	1,983,354	56.00
56.01	05602 ULTRASOUND/VASC LAB	845,825		845,825	0	845,825	56.01
57.00	05700 CT SCAN	1,579,683		1,579,683	0	1,579,683	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	4,982,834		4,982,834	0	4,982,834	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	612,832		612,832	0	612,832	62.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	1,032,309	0	1,032,309	0	1,032,309	65.00
66.00	06600 PHYSICAL THERAPY	2,293,994	0	2,293,994	0	2,293,994	66.00
67.00	06700 OCCUPATIONAL THERAPY	896,899	0	896,899	0	896,899	67.00
68.00	06800 SPEECH PATHOLOGY	184,973	0	184,973	0	184,973	68.00
69.00	06900 ELECTROCARDIOLOGY	1,136,207		1,136,207	0	1,136,207	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	97,249		97,249	0	97,249	70.00
70.01	07001 SLEEP LAB	0		0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,012,344		1,012,344	0	1,012,344	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,739,996		7,739,996	0	7,739,996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,380,260		5,380,260	0	5,380,260	73.00
74.00	07400 RENAL DIALYSIS	419,273		419,273	0	419,273	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,206,153		2,206,153	0	2,206,153	90.00
90.01	09001 WOUND CARE	1,271,067		1,271,067	0	1,271,067	90.01
90.02	09002 PULMONARY REHAB	133,714		133,714	933	134,647	90.02
90.03	09003 SPINE CENTER	0		0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0		0	0	0	90.04
91.00	09100 EMERGENCY	7,955,623		7,955,623	77,344	8,032,967	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,129,513		1,129,513	0	1,129,513	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0		0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	90,707,149	0	90,707,149	92,054	90,799,203	200.00
201.00	Less Observation Beds	1,129,513		1,129,513		1,129,513	201.00
202.00	Total (see instructions)	89,577,636	0	89,577,636	92,054	89,669,690	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

			Title XVII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	20,589,310		20,589,310				30.00
31.00	03100	INTENSIVE CARE UNIT	8,052,803		8,052,803				31.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	1,493,202		1,493,202				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
44.00	04400	SKILLED NURSING FACILITY	3,560,250		3,560,250				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	12,590,286	42,207,591	54,797,877	0.213672	0.000000		50.00
50.01	05001	ENDOSCOPY	1,856,287	9,700,677	11,556,964	0.132917	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,599,437	6,623,590	8,223,027	0.170391	0.000000		51.00
53.00	05300	ANESTHESIOLOGY	3,459,001	13,077,180	16,536,181	0.080986	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,610,466	27,797,398	39,407,864	0.198627	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	736,566	4,909,062	5,645,628	0.351308	0.000000		56.00
56.01	05602	ULTRASOUND/VASC LAB	1,788,450	4,579,325	6,367,775	0.132829	0.000000		56.01
57.00	05700	CT SCAN	5,578,148	15,548,380	21,126,528	0.074772	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	22,472,916	41,940,218	64,413,134	0.077357	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,641,971	707,987	2,349,958	0.260784	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	4,023,972	482,844	4,506,816	0.229055	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,815,730	3,327,694	8,143,424	0.281699	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,224,665	517,813	3,742,478	0.239654	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	651,938	127,249	779,187	0.237392	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,147,537	4,770,349	7,917,886	0.143499	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,834	39,959	136,793	0.710921	0.000000		70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	506,125	58,041	564,166	1.794408	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,590,300	12,328,930	19,919,230	0.388569	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,191,713	7,673,522	25,865,235	0.208011	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,423,053	0	2,423,053	0.173035	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	7,930	5,497,616	5,505,546	0.400715	0.000000		90.00
90.01	09001	WOUND CARE	47,448	3,818,978	3,866,426	0.328745	0.000000		90.01
90.02	09002	PULMONARY REHAB	0	250,282	250,282	0.534253	0.000000		90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000		90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	0.000000		90.04
91.00	09100	EMERGENCY	7,449,728	28,563,588	36,013,316	0.220908	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,781	1,263,926	1,557,707	0.725113	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
200.00		Subtotal (see instructions)	149,499,847	235,812,199	385,312,046				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	149,499,847	235,812,199	385,312,046				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/17/2015 10:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.213923		50.00
50.01	05001 ENDOSCOPY	0.132917		50.01
51.00	05100 RECOVERY ROOM	0.170391		51.00
53.00	05300 ANESTHESIOLOGY	0.080986		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198627		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.351308		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.132829		56.01
57.00	05700 CT SCAN	0.074772		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.077357		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.229055		65.00
66.00	06600 PHYSICAL THERAPY	0.281699		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239654		67.00
68.00	06800 SPEECH PATHOLOGY	0.237392		68.00
69.00	06900 ELECTROCARDIOLOGY	0.143499		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.710921		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388569		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208011		73.00
74.00	07400 RENAL DIALYSIS	0.173035		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.400715		90.00
90.01	09001 WOUND CARE	0.328745		90.01
90.02	09002 PULMONARY REHAB	0.537981		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.223055		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.725113		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		14,361,513	0	14,361,513	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,511,743	0	4,511,743	31.00	
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I/RP		1,847,167	0	1,847,167	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY		3,279,936	0	3,279,936	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		11,708,757	13,777	11,722,534	50.00	
50.01	05001 ENDOSCOPY		1,536,116	0	1,536,116	50.01	
51.00	05100 RECOVERY ROOM		1,401,130	0	1,401,130	51.00	
53.00	05300 ANESTHESIOLOGY		1,339,207	0	1,339,207	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,827,478	0	7,827,478	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		1,983,354	0	1,983,354	56.00	
56.01	05602 ULTRASOUND/VASC LAB		845,825	0	845,825	56.01	
57.00	05700 CT SCAN		1,579,683	0	1,579,683	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,982,834	0	4,982,834	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		612,832	0	612,832	62.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	1,032,309	0	1,032,309	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,293,994	0	2,293,994	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	896,899	0	896,899	67.00	
68.00	06800 SPEECH PATHOLOGY	0	184,973	0	184,973	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,136,207	0	1,136,207	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		97,249	0	97,249	70.00	
70.01	07001 SLEEP LAB		0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,012,344	0	1,012,344	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,739,996	0	7,739,996	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		5,380,260	0	5,380,260	73.00	
74.00	07400 RENAL DIALYSIS		419,273	0	419,273	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		2,206,153	0	2,206,153	90.00	
90.01	09001 WOUND CARE		1,271,067	0	1,271,067	90.01	
90.02	09002 PULMONARY REHAB		133,714	933	134,647	90.02	
90.03	09003 SPINE CENTER		0	0	0	90.03	
90.04	09004 RUSH HEART CENTER		0	0	0	90.04	
91.00	09100 EMERGENCY		7,955,623	77,344	8,032,967	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,129,513	0	1,129,513	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF		0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
200.00	Subtotal (see instructions)		90,707,149	92,054	90,799,203	200.00	
201.00	Less Observation Beds		1,129,513	0	1,129,513	201.00	
202.00	Total (see instructions)		89,577,636	92,054	89,669,690	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	20,589,310		20,589,310		30.00
31.00	03100	INTENSIVE CARE UNIT	8,052,803		8,052,803		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,493,202		1,493,202		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,560,250		3,560,250		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,590,286	42,207,591	54,797,877	0.213672	50.00
50.01	05001	ENDOSCOPY	1,856,287	9,700,677	11,556,964	0.132917	50.01
51.00	05100	RECOVERY ROOM	1,599,437	6,623,590	8,223,027	0.170391	51.00
53.00	05300	ANESTHESIOLOGY	3,459,001	13,077,180	16,536,181	0.080986	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,610,466	27,797,398	39,407,864	0.198627	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	736,566	4,909,062	5,645,628	0.351308	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,788,450	4,579,325	6,367,775	0.132829	56.01
57.00	05700	CT SCAN	5,578,148	15,548,380	21,126,528	0.074772	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	22,472,916	41,940,218	64,413,134	0.077357	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,641,971	707,987	2,349,958	0.260784	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,023,972	482,844	4,506,816	0.229055	65.00
66.00	06600	PHYSICAL THERAPY	4,815,730	3,327,694	8,143,424	0.281699	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,224,665	517,813	3,742,478	0.239654	67.00
68.00	06800	SPEECH PATHOLOGY	651,938	127,249	779,187	0.237392	68.00
69.00	06900	ELECTROCARDIOLOGY	3,147,537	4,770,349	7,917,886	0.143499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,834	39,959	136,793	0.710921	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	506,125	58,041	564,166	1.794408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,590,300	12,328,930	19,919,230	0.388569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,191,713	7,673,522	25,865,235	0.208011	73.00
74.00	07400	RENAL DIALYSIS	2,423,053	0	2,423,053	0.173035	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	7,930	5,497,616	5,505,546	0.400715	90.00
90.01	09001	WOUND CARE	47,448	3,818,978	3,866,426	0.328745	90.01
90.02	09002	PULMONARY REHAB	0	250,282	250,282	0.534253	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	7,449,728	28,563,588	36,013,316	0.220908	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	293,781	1,263,926	1,557,707	0.725113	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	149,499,847	235,812,199	385,312,046		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	149,499,847	235,812,199	385,312,046		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/17/2015 10:30 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
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
56.01	05602 ULTRASOUND/VASC LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	0.000000		90.01
90.02	09002 PULMONARY REHAB	0.000000		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	499,513	0	499,513	16,097	31.03	30.00	
31.00	INTENSIVE CARE UNIT	178,824		178,824	2,891	61.86	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	128,993	0	128,993	1,103	116.95	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
44.00	SKILLED NURSING FACILITY	202,529		202,529	5,050	40.10	44.00	
200.00	Total (Lines 30-199)	1,009,859		1,009,859	25,141		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,748	240,420					30.00
31.00	INTENSIVE CARE UNIT	1,439	89,017					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	904	105,723					41.00
42.00	SUBPROVIDER	0	0					42.00
44.00	SKILLED NURSING FACILITY	4,317	173,112					44.00
200.00	Total (Lines 30-199)	14,408	608,272					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/17/2015 10:30 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	457,838	54,797,877	0.008355	4,938,083	41,258	50.00
50.01	05001	ENDOSCOPY	103,360	11,556,964	0.008944	945,351	8,455	50.01
51.00	05100	RECOVERY ROOM	30,859	8,223,027	0.003753	660,196	2,478	51.00
53.00	05300	ANESTHESIOLOGY	57,798	16,536,181	0.003495	1,382,294	4,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	491,119	39,407,864	0.012462	5,624,281	70,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	375,514	5,645,628	0.066514	344,821	22,935	56.00
56.01	05602	ULTRASOUND/VASC LAB	65,159	6,367,775	0.010233	876,290	8,967	56.01
57.00	05700	CT SCAN	143,321	21,126,528	0.006784	2,614,504	17,737	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	188,028	64,413,134	0.002919	10,543,346	30,776	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,194	2,349,958	0.003487	859,611	2,997	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	68,950	4,506,816	0.015299	2,086,600	31,923	65.00
66.00	06600	PHYSICAL THERAPY	109,156	8,143,424	0.013404	797,757	10,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,458	3,742,478	0.005199	143,310	745	67.00
68.00	06800	SPEECH PATHOLOGY	3,469	779,187	0.004452	219,286	976	68.00
69.00	06900	ELECTROCARDIOLOGY	52,311	7,917,886	0.006607	1,504,235	9,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,086	136,793	0.029870	55,707	1,664	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,685	564,166	0.020712	244,087	5,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,777	19,919,230	0.001997	2,891,885	5,775	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,591	25,865,235	0.002497	8,164,909	20,388	73.00
74.00	07400	RENAL DIALYSIS	2,498	2,423,053	0.001031	1,591,774	1,641	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	191,930	5,505,546	0.034861	6,743	235	90.00
90.01	09001	WOUND CARE	52,736	3,866,426	0.013639	37,536	512	90.01
90.02	09002	PULMONARY REHAB	5,064	250,282	0.020233	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	184,787	36,013,316	0.005131	3,476,770	17,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	39,286	1,557,707	0.025220	132,354	3,338	92.00
200.00		Total (lines 50-199)	2,770,974	351,616,481		50,141,730	321,247	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0		40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	16,097	0.00	7,748	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	2,891	0.00	1,439	0			31.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0			40.00	
41.00	04100	SUBPROVIDER - IRF	1,103	0.00	904	0			41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0			42.00	
44.00	04400	SKILLED NURSING FACILITY	5,050	0.00	4,317	0			44.00	
200.00		Total (lines 30-199)	25,141		14,408	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	54,797,877	0.000000	0.000000	4,938,083	50.00
50.01	05001 ENDOSCOPY	0	11,556,964	0.000000	0.000000	945,351	50.01
51.00	05100 RECOVERY ROOM	0	8,223,027	0.000000	0.000000	660,196	51.00
53.00	05300 ANESTHESIOLOGY	0	16,536,181	0.000000	0.000000	1,382,294	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,407,864	0.000000	0.000000	5,624,281	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,645,628	0.000000	0.000000	344,821	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,367,775	0.000000	0.000000	876,290	56.01
57.00	05700 CT SCAN	0	21,126,528	0.000000	0.000000	2,614,504	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,413,134	0.000000	0.000000	10,543,346	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,349,958	0.000000	0.000000	859,611	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,506,816	0.000000	0.000000	2,086,600	65.00
66.00	06600 PHYSICAL THERAPY	0	8,143,424	0.000000	0.000000	797,757	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,742,478	0.000000	0.000000	143,310	67.00
68.00	06800 SPEECH PATHOLOGY	0	779,187	0.000000	0.000000	219,286	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,917,886	0.000000	0.000000	1,504,235	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	136,793	0.000000	0.000000	55,707	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	564,166	0.000000	0.000000	244,087	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,919,230	0.000000	0.000000	2,891,885	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,865,235	0.000000	0.000000	8,164,909	73.00
74.00	07400 RENAL DIALYSIS	0	2,423,053	0.000000	0.000000	1,591,774	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,505,546	0.000000	0.000000	6,743	90.00
90.01	09001 WOUND CARE	0	3,866,426	0.000000	0.000000	37,536	90.01
90.02	09002 PULMONARY REHAB	0	250,282	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	36,013,316	0.000000	0.000000	3,476,770	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,557,707	0.000000	0.000000	132,354	92.00
200.00	Total (lines 50-199)	0	351,616,481			50,141,730	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am
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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	9,748,433	0	50.00
50.01	05001 ENDOSCOPY	0	2,643,080	0	50.01
51.00	05100 RECOVERY ROOM	0	1,621,409	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,354,177	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,369,066	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,230,451	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	1,144,494	0	56.01
57.00	05700 CT SCAN	0	5,390,889	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	5,767,030	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	99,685	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	118,467	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,953,444	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,835	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,985	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,685,565	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,649,330	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	1,233,702	0	90.00
90.01	09001 WOUND CARE	0	1,703,144	0	90.01
90.02	09002 PULMONARY REHAB	0	160,471	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	4,313,065	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	426,016	0	92.00
200.00	Total (lines 50-199)	0	56,652,738	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.213672	9,748,433	0	5,262	2,082,967	50.00
50.01	05001 ENDOSCOPY	0.132917	2,643,080	0	0	351,310	50.01
51.00	05100 RECOVERY ROOM	0.170391	1,621,409	0	0	276,274	51.00
53.00	05300 ANESTHESIOLOGY	0.080986	3,354,177	0	0	271,641	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198627	11,369,066	10	1,912	2,258,203	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.351308	1,230,451	0	0	432,267	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.132829	1,144,494	0	0	152,022	56.01
57.00	05700 CT SCAN	0.074772	5,390,889	0	2,390	403,088	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.077357	5,767,030	950	0	446,120	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	99,685	0	0	25,996	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.229055	118,467	0	0	27,135	65.00
66.00	06600 PHYSICAL THERAPY	0.281699	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239654	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.237392	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143499	1,953,444	0	1,912	280,317	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.710921	7,835	0	0	5,570	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	32,985	0	0	59,189	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388569	2,685,565	0	0	1,043,527	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208011	1,649,330	0	79,691	343,079	73.00
74.00	07400 RENAL DIALYSIS	0.173035	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.400715	1,233,702	0	957	494,363	90.00
90.01	09001 WOUND CARE	0.328745	1,703,144	0	3,350	559,900	90.01
90.02	09002 PULMONARY REHAB	0.534253	160,471	0	0	85,732	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.220908	4,313,065	30	0	952,791	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	426,016	0	0	308,910	92.00
200.00	Subtotal (see instructions)		56,652,738	990	95,474	10,860,401	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		56,652,738	990	95,474	10,860,401	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	1,124	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	380	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	179	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	73	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,577	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	383	90.00
90.01	09001	WOUND CARE	0	1,101	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	7	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	82	20,018	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	82	20,018	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/17/2015 10:30 am
		Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	457,838	54,797,877	0.008355	14,777	123	50.00
50.01	05001 ENDOSCOPY	103,360	11,556,964	0.008944	3,511	31	50.01
51.00	05100 RECOVERY ROOM	30,859	8,223,027	0.003753	0	0	51.00
53.00	05300 ANESTHESIOLOGY	57,798	16,536,181	0.003495	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	491,119	39,407,864	0.012462	30,042	374	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	375,514	5,645,628	0.066514	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	65,159	6,367,775	0.010233	7,632	78	56.01
57.00	05700 CT SCAN	143,321	21,126,528	0.006784	19,795	134	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	188,028	64,413,134	0.002919	162,704	475	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,194	2,349,958	0.003487	6,549	23	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	68,950	4,506,816	0.015299	19,545	299	65.00
66.00	06600 PHYSICAL THERAPY	109,156	8,143,424	0.013404	661,663	8,869	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,458	3,742,478	0.005199	579,394	3,012	67.00
68.00	06800 SPEECH PATHOLOGY	3,469	779,187	0.004452	147,893	658	68.00
69.00	06900 ELECTROCARDIOLOGY	52,311	7,917,886	0.006607	1,748	12	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,086	136,793	0.029870	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,685	564,166	0.020712	2,343	49	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	39,777	19,919,230	0.001997	1,396	3	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,591	25,865,235	0.002497	251,309	628	73.00
74.00	07400 RENAL DIALYSIS	2,498	2,423,053	0.001031	90,065	93	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	191,930	5,505,546	0.034861	0	0	90.00
90.01	09001 WOUND CARE	52,736	3,866,426	0.013639	0	0	90.01
90.02	09002 PULMONARY REHAB	5,064	250,282	0.020233	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	184,787	36,013,316	0.005131	3,900	20	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,557,707	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,731,688	351,616,481		2,004,266	14,881	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	54,797,877	0.000000	0.000000	14,777	50.00
50.01 05001 ENDOSCOPY	0	11,556,964	0.000000	0.000000	3,511	50.01
51.00 05100 RECOVERY ROOM	0	8,223,027	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	16,536,181	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	39,407,864	0.000000	0.000000	30,042	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,645,628	0.000000	0.000000	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	6,367,775	0.000000	0.000000	7,632	56.01
57.00 05700 CT SCAN	0	21,126,528	0.000000	0.000000	19,795	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	64,413,134	0.000000	0.000000	162,704	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,349,958	0.000000	0.000000	6,549	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	4,506,816	0.000000	0.000000	19,545	65.00
66.00 06600 PHYSICAL THERAPY	0	8,143,424	0.000000	0.000000	661,663	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,742,478	0.000000	0.000000	579,394	67.00
68.00 06800 SPEECH PATHOLOGY	0	779,187	0.000000	0.000000	147,893	68.00
69.00 06900 ELECTROCARDIOLOGY	0	7,917,886	0.000000	0.000000	1,748	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	136,793	0.000000	0.000000	0	70.00
70.01 07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	564,166	0.000000	0.000000	2,343	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,919,230	0.000000	0.000000	1,396	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25,865,235	0.000000	0.000000	251,309	73.00
74.00 07400 RENAL DIALYSIS	0	2,423,053	0.000000	0.000000	90,065	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	5,505,546	0.000000	0.000000	0	90.00
90.01 09001 WOUND CARE	0	3,866,426	0.000000	0.000000	0	90.01
90.02 09002 PULMONARY REHAB	0	250,282	0.000000	0.000000	0	90.02
90.03 09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	36,013,316	0.000000	0.000000	3,900	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,557,707	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	351,616,481			2,004,266	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am PPS
Title XVIII		Subprovider - IRF	

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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
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
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	50	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	333	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	383	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am
	Title XVIII	Subprovider - IRF	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.213672	0	0	8	0
50.01 05001 ENDOSCOPY	0.132917	0	0	0	0
51.00 05100 RECOVERY ROOM	0.170391	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.080986	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.198627	0	0	8	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.351308	0	0	0	0
56.01 05602 ULTRASOUND/VASC LAB	0.132829	0	0	0	0
57.00 05700 CT SCAN	0.074772	0	0	8	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.077357	0	0	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.229055	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.281699	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.239654	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.237392	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.143499	0	0	8	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.710921	0	0	0	0
70.01 07001 SLEEP LAB	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.388569	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.208011	50	0	798	10
74.00 07400 RENAL DIALYSIS	0.173035	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.400715	333	0	0	133
90.01 09001 WOUND CARE	0.328745	0	0	0	0
90.02 09002 PULMONARY REHAB	0.534253	0	0	0	0
90.03 09003 SPINE CENTER	0.000000	0	0	0	0
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.220908	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	0	0	0	0
200.00 Subtotal (see instructions)		383	0	830	143
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		383	0	830	143

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am PPS
		Title XVII I	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	2		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	1		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	1		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	166		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
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	172		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	172		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am PPS
		Title XVIII	Skilled Nursing Facility

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	54,797,877	0.000000	0.000000	51	50.00
50.01	05001 ENDOSCOPY	0	11,556,964	0.000000	0.000000	132	50.01
51.00	05100 RECOVERY ROOM	0	8,223,027	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	16,536,181	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,407,864	0.000000	0.000000	75,116	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,645,628	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,367,775	0.000000	0.000000	29,271	56.01
57.00	05700 CT SCAN	0	21,126,528	0.000000	0.000000	73,103	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	64,413,134	0.000000	0.000000	848,760	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,349,958	0.000000	0.000000	27,633	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,506,816	0.000000	0.000000	205,318	65.00
66.00	06600 PHYSICAL THERAPY	0	8,143,424	0.000000	0.000000	2,482,764	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,742,478	0.000000	0.000000	1,995,861	67.00
68.00	06800 SPEECH PATHOLOGY	0	779,187	0.000000	0.000000	148,130	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,917,886	0.000000	0.000000	15,663	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	136,793	0.000000	0.000000	4,654	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	564,166	0.000000	0.000000	7,811	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,919,230	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,865,235	0.000000	0.000000	1,128,865	73.00
74.00	07400 RENAL DIALYSIS	0	2,423,053	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,505,546	0.000000	0.000000	67	90.00
90.01	09001 WOUND CARE	0	3,866,426	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	250,282	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	36,013,316	0.000000	0.000000	36,366	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,557,707	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	351,616,481			7,079,565	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/17/2015 10:30 am PPS
		Title XVIII	Skilled Nursing Facility

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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
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
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am
		Component CCN: 145583	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.)	Costs (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.213672	0	0	23	0	50.00
50.01	05001	ENDOSCOPY	0.132917	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170391	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.080986	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198627	0	0	23	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.351308	0	0	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.132829	0	0	0	0	56.01
57.00	05700	CT SCAN	0.074772	0	0	23	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.077357	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.229055	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.281699	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239654	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.237392	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.143499	0	0	23	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.710921	0	0	0	0	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388569	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208011	0	0	2,245	0	73.00
74.00	07400	RENAL DIALYSIS	0.173035	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.400715	0	0	0	0	90.00
90.01	09001	WOUND CARE	0.328745	0	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0.534253	0	0	0	0	90.02
90.03	09003	SPI NE CENTER	0.000000	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.220908	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	2,337	0	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)		0	0	2,337	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/17/2015 10:30 am
	Component CCN: 145583	Title XVIII	Skilled Nursing Facility 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	5		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	2		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	3		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	467		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
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	482		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	482		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,097	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)		14,831	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)		7,748	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
<b>SWING BED ADJUSTMENT</b>				
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)		14,361,513	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)		14,361,513	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		14,361,513	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		892.19	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,912,688	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)		6,912,688	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units						42.00	
43.00	INTENSIVE CARE UNIT	4,511,743	2,891	1,560.62	1,439	2,245,732	43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						9,462,968	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						18,621,388	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)						329,437	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						321,247	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						650,684	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						17,970,704	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)						1,266	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						892.19	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,129,513	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am	
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	499,513	14,361,513	0.034781	1,129,513	39,286	90.00
91.00	Nursing School cost	0	14,361,513	0.000000	1,129,513	0	91.00
92.00	Allied health cost	0	14,361,513	0.000000	1,129,513	0	92.00
93.00	All other Medical Education	0	14,361,513	0.000000	1,129,513	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,103	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,103	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)		1,103	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)		904	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
<b>SWING BED ADJUSTMENT</b>				
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)		1,847,167	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)		1,847,167	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		1,847,167	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,674.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,513,911	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,513,911	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1		
		Component CCN: 14T063		Date/Time Prepared: 11/17/2015 10:30 am		
		Title XVIII	Subprovider - IRF	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	0	0	0.00	0	0	43.00
44.00	INTENSIVE CARE UNIT					44.00
45.00	CORONARY CARE UNIT					45.00
46.00	BURN INTENSIVE CARE UNIT					46.00
47.00	SURGICAL INTENSIVE CARE UNIT					47.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
	Cost Center Description					
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				464,939	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,978,850	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)				105,723	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				14,881	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				120,604	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				1,858,246	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: 140063 Component CCN: 14T063		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	128,993	1,847,167	0.069833	0	0	90.00
91.00	Nursing School cost	0	1,847,167	0.000000	0	0	91.00
92.00	Allied health cost	0	1,847,167	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,847,167	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,050	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,050	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,050	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,317	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
<b>SWING BED ADJUSTMENT</b>				
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)		3,279,936	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,279,936	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		3,279,936	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1	
		Component CCN: 145583		Date/Time Prepared: 11/17/2015 10:30 am	
		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	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				3,279,936 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				649.49 71.00
72.00	Program routine service cost (line 9 x line 71)				2,803,848 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)				2,803,848 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)				2,803,848 83.00
84.00	Program inpatient ancillary services (see instructions)				1,619,519 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)				4,423,367 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: 140063 Component CCN: 145583		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/17/2015 10:30 am	
		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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/17/2015 10:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		10,704,249		30.00
31.00	03100 INTENSIVE CARE UNIT		4,090,870		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.213923	4,938,083	1,056,370	50.00
50.01	05001 ENDOSCOPY	0.132917	945,351	125,653	50.01
51.00	05100 RECOVERY ROOM	0.170391	660,196	112,491	51.00
53.00	05300 ANESTHESIOLOGY	0.080986	1,382,294	111,946	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198627	5,624,281	1,117,134	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.351308	344,821	121,138	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.132829	876,290	116,397	56.01
57.00	05700 CT SCAN	0.074772	2,614,504	195,492	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.077357	10,543,346	815,602	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	859,611	224,173	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.229055	2,086,600	477,946	65.00
66.00	06600 PHYSICAL THERAPY	0.281699	797,757	224,727	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239654	143,310	34,345	67.00
68.00	06800 SPEECH PATHOLOGY	0.237392	219,286	52,057	68.00
69.00	06900 ELECTROCARDIOLOGY	0.143499	1,504,235	215,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.710921	55,707	39,603	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	244,087	437,992	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388569	2,891,885	1,123,697	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208011	8,164,909	1,698,391	73.00
74.00	07400 RENAL DIALYSIS	0.173035	1,591,774	275,433	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.400715	6,743	2,702	90.00
90.01	09001 WOUND CARE	0.328745	37,536	12,340	90.01
90.02	09002 PULMONARY REHAB	0.537981	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.223055	3,476,770	775,511	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	132,354	95,972	92.00
200.00	Total (sum of lines 50-94 and 96-98)		50,141,730	9,462,968	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)		50,141,730		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		1,225,963	41.00
42.00	04200 SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.213923	14,777	3,161 50.00
50.01	05001 ENDOSCOPY	0.132917	3,511	467 50.01
51.00	05100 RECOVERY ROOM	0.170391	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.080986	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.198627	30,042	5,967 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.351308	0	0 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.132829	7,632	1,014 56.01
57.00	05700 CT SCAN	0.074772	19,795	1,480 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.077357	162,704	12,586 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	6,549	1,708 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.229055	19,545	4,477 65.00
66.00	06600 PHYSICAL THERAPY	0.281699	661,663	186,390 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239654	579,394	138,854 67.00
68.00	06800 SPEECH PATHOLOGY	0.237392	147,893	35,109 68.00
69.00	06900 ELECTROCARDIOLOGY	0.143499	1,748	251 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.710921	0	0 70.00
70.01	07001 SLEEP LAB	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	2,343	4,204 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.388569	1,396	542 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.208011	251,309	52,275 73.00
74.00	07400 RENAL DIALYSIS	0.173035	90,065	15,584 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.400715	0	0 90.00
90.01	09001 WOUND CARE	0.328745	0	0 90.01
90.02	09002 PULMONARY REHAB	0.537981	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.223055	3,900	870 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,004,266	464,939 200.00
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)		2,004,266	464,939 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 145583		Date/Time Prepared: 11/17/2015 10:30 am	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.213672	51	11 50.00
50.01	05001	ENDOSCOPY	0.132917	132	18 50.01
51.00	05100	RECOVERY ROOM	0.170391	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.080986	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.198627	75,116	14,920 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.351308	0	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0.132829	29,271	3,888 56.01
57.00	05700	CT SCAN	0.074772	73,103	5,466 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.077357	848,760	65,658 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.260784	27,633	7,206 62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.229055	205,318	47,029 65.00
66.00	06600	PHYSICAL THERAPY	0.281699	2,482,764	699,392 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239654	1,995,861	478,316 67.00
68.00	06800	SPEECH PATHOLOGY	0.237392	148,130	35,165 68.00
69.00	06900	ELECTROCARDIOLOGY	0.143499	15,663	2,248 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.710921	4,654	3,309 70.00
70.01	07001	SLEEP LAB	0.000000	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.794408	7,811	14,016 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.388569	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.208011	1,128,865	234,816 73.00
74.00	07400	RENAL DIALYSIS	0.173035	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.400715	67	27 90.00
90.01	09001	WOUND CARE	0.328745	0	0 90.01
90.02	09002	PULMONARY REHAB	0.534253	0	0 90.02
90.03	09003	SPINE CENTER	0.000000	0	0 90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.220908	36,366	8,034 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.725113	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,079,565	1,619,519 200.00
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)		7,079,565	1,619,519 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/17/2015 10:30 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
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)		3,940,697		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,132,520		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)		236,748		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		2,617,598		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.53		4.00
<b>Indirect Medical Education Adjustment</b>					
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)		1.23		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)		1.23		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.93		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.69		11.00
12.00	Current year allowable FTE (see instructions)		3.92		12.00
13.00	Total allowable FTE count for the prior year.		3.39		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.		3.22		14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.51		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		3.51		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.021730		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.020966		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.020966		21.00
22.00	IME payment adjustment (see instructions)		201,551		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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)		1.70		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)		201,551		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/17/2015 10:30 am	
		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
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.93		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.11		31.00
32.00	Sum of lines 30 and 31		26.04		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.70		33.00
34.00	Disproportionate share adjustment (see instructions)		403,209		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000091519	0.000101248	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		827,912	774,310	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		208,679	579,141	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		787,820		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
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)		16,702,545		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)		16,702,545		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,296,834		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).		123,471		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,122,850		59.00
60.00	Primary payer payments		10,170		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,112,680		61.00
62.00	Deductibles billed to program beneficiaries		1,646,260		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140063

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

Worksheet E  
Part A  
Date/Time Prepared:  
11/17/2015 10:30 am

		Title XVIII		Hospital	PPS
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
63.00	Coinsurance billed to program beneficiaries		86,290		63.00
64.00	Allowable bad debts (see instructions)		629,834		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		409,392		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		429,679		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,789,522		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)		74,218		70.93
70.94	HRR adjustment amount (see instructions)		-88,617		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)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,775,123		71.00
71.01	Sequestration adjustment (see instructions)		335,502		71.01
72.00	Interim payments		16,190,629		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)		248,992		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		925,140		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/17/2015 10:30 am
		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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		20,100	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,860,401	2.00
3.00	PPS payments		9,255,675	3.00
4.00	Outlier payment (see instructions)		36,972	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,100	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		96,464	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)		96,464	14.00
<b>Customary charges</b>				
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)		96,464	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		76,364	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)		20,100	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)		9,292,647	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		1,877,477	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)		7,435,270	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		52,677	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)		7,487,947	30.00
31.00	Primary payer payments		2,646	31.00
32.00	Subtotal (line 30 minus line 31)		7,485,301	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		514,910	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		334,692	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		407,405	36.00
37.00	Subtotal (see instructions)		7,819,993	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-45	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)		7,820,038	40.00
40.01	Sequestration adjustment (see instructions)		156,401	40.01
41.00	Interim payments		7,673,196	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-9,559	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		189,428	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/17/2015 10:30 am
		Component CCN: 14T063	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		172	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		143	2.00
3.00	PPS payments		248	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		172	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		830	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)		830	14.00
<b>Customary charges</b>				
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)		830	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		658	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)		172	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)		248	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		420	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)		420	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		420	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		420	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)		420	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
41.00	Interim payments		512	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-100	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		482	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		482	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,337	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)		2,337	14.00
<b>Customary charges</b>				
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)		2,337	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,855	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)		482	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			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)		482	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)		482	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		482	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		482	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)		482	40.00
40.01	Sequestration adjustment (see instructions)		10	40.01
41.00	Interim payments		481	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-9	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,243,754		7,693,269	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/12/2015	53,125	02/12/2015	20,073	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)		-53,125		-20,073	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)		16,190,629		7,673,196	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		248,992		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9,559	6.02
7.00	Total Medicare program liability (see instructions)		16,439,621		7,663,637	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: 140063  
Component CCN: 14T063

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am  
PPS

Title XVIII

Subprovider -  
IRF

		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		1,297,578		512	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)		1,297,578		512	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		6,636		100	6.02
7.00	Total Medicare program liability (see instructions)		1,290,942		412	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: 140063  
Component CCN: 145583

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/17/2015 10:30 am  
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		2,012,502		481	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)		2,012,502		481	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		5,929		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		9	6.02
7.00	Total Medicare program liability (see instructions)		2,018,431		472	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: 140063

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/17/2015 10:30 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,184 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			9,187 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,824 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			17,722 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			385,312,046 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,142,481 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)			414,774 8.00
9.00	Sequestration adjustment amount (see instructions)			8,295 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			406,479 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			411,408 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)			-4,929 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/17/2015 10:30 am
		Title VIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			1,103,601 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0394 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			29,466 3.00
4.00	Outlier Payments			193,429 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			3.021918 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,326,496 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,326,496 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,326,496 19.00
20.00	Deductibles			7,384 20.00
21.00	Subtotal (line 19 minus line 20)			1,319,112 21.00
22.00	Coinsurance			1,824 22.00
23.00	Subtotal (line 21 minus line 22)			1,317,288 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,317,288 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,317,288 32.00
32.01	Sequestration adjustment (see instructions)			26,346 32.01
33.00	Interim payments			1,297,578 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-6,636 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			193,429 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: 140063 Component CCN: 145583	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 11/17/2015 10:30 am
		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)		2,104,613	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,104,613	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		51,040	7.00
8.00	Allowable bad debts (see instructions)		9,307	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		6,050	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)		2,059,623	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)		2,059,623	15.00
15.01	Sequestration adjustment (see instructions)		41,192	15.01
16.00	Interim payments		2,012,502	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)		5,929	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: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/17/2015 10:30 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.36	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)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.93	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.47	1.47	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.42		10.00
11.00	Total weighted FTE count	0.00	2.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.39		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.24		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.53		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	0.00	2.53		17.00
18.00	Per resident amount	112,433.67	112,433.67		18.00
19.00	Approved amount for resident costs	0	284,457	284,457	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.87	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)			284,457	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	10,091	1,824		26.00
27.00	Total Inpatient Days (see instructions)	18,825	18,825		27.00
28.00	Ratio of inpatient days to total inpatient days	0.536042	0.096892		28.00
29.00	Program direct GME amount	152,481	27,562		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		3,895		30.00
31.00	Net Program direct GME amount			176,148	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,423,053	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		25,508,699	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)		10,170	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,498,529	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		10,881,298	42.00
43.00	Primary payer payments (see instructions)		2,646	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,878,652	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		36,377,181	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.700948	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.299052	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		176,148	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		123,471	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		52,677	50.00

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

Provider CCN: 140063

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

Worksheet G

Date/Time Prepared:  
11/17/2015 10:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,848,607	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	14,678,382	0	0	0	4.00
5.00	Other receivable	920,847	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,776,181	0	0	0	7.00
8.00	Prepaid expenses	545,230	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	118,403	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,887,650	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	11,002,352	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	38,435,759	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	35,330,474	0	0	0	23.00
24.00	Accumulated depreciation	-48,757,795	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,010,790	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	14,158,105	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	7,984,252	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,142,357	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	90,040,797	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	8,746,063	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,022,150	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	13,963,590	0	0	0	43.00
44.00	Other current liabilities	2,936,417	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,668,220	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,161,754	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,161,754	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,829,974	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	48,210,823				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)	48,210,823	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	90,040,797	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:  
11/17/2015 10:30 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		40,742,702		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,355,911			2.00
3.00	Total (sum of line 1 and line 2)		48,098,613		0	3.00
4.00	INCREASE GENERAL FUND	112,210		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		112,210		0	10.00
11.00	Subtotal (line 3 plus line 10)		48,210,823		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		48,210,823		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	INCREASE GENERAL FUND		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140063

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/17/2015 10:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	21,746,381		21,746,381	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,493,202		1,493,202	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,560,250		3,560,250	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)	26,799,833		26,799,833	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,083,393		8,083,393	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,083,393		8,083,393	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,883,226		34,883,226	17.00
18.00	Ancillary services	115,527,252	242,903,574	358,430,826	18.00
19.00	Outpatient services	0	5,497,616	5,497,616	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE	0	14,438,976	14,438,976	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	150,410,478	262,840,166	413,250,644	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		111,718,541		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)		111,718,541		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140063

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

Worksheet G-3

Date/Time Prepared:  
11/17/2015 10:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	413,250,644	1.00
2.00	Less contractual allowances and discounts on patients' accounts	289,752,123	2.00
3.00	Net patient revenues (line 1 minus line 2)	123,498,521	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	111,718,541	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,779,980	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication 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	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	349,288	14.00
15.00	Revenue from rental of living quarters	7,044	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC	723,025	24.00
24.01	OTHER OPERATING INCOME	791,708	24.01
25.00	Total other income (sum of lines 6-24)	1,871,065	25.00
26.00	Total (line 5 plus line 25)	13,651,045	26.00
27.00	BAD DEBTS	6,295,134	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,295,134	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,355,911	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140063	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/17/2015 10:30 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,204,953	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,871	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)		48.55	3.00
4.00	Number of interns & residents (see instructions)		3.51	4.00
5.00	Indirect medical education percentage (see instructions)		2.06	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)		24,822	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.93	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.11	8.00
9.00	Sum of lines 7 and 8		26.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.41	10.00
11.00	Disproportionate share adjustment (see instructions)		65,188	11.00
12.00	Total prospective capital payments (see instructions)		1,296,834	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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