

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: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S Parts I-III Date/Time Prepared: 2/25/2016 3:10 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/25/2016 Time: 3:10 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL (140135) for the cost reporting period beginning 10/01/2014 and ending 09/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	305,892	-242,789	613,837	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
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	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	305,892	-242,789	613,837	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: 140135			Period: From 10/01/2014 To 09/30/2015		Worksheet S-2 Part I Date/Time Prepared: 2/25/2016 3:09 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00		
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		DECATUR MEMORIAL HOSPITAL	140135	16580	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA		DMH HHA	147206	16580		01/13/1982	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	16580		06/30/1988			
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2014	09/30/2015		20.00
21.00	Type of Control (see instructions)						2			21.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	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 days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,507	875	0	22	3,062	129	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/25/2016 3:09 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<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)				Y	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)	FAMILY MEDICINE	3600	6.46	6.32	0.505477	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)	FAMILY MEDICINE	3600	5.69	7.81	0.421481
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					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.	2					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
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/25/2016 3:09 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131	
142.00	Street: 8115 KNUE ROAD	PO Box:			
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
				1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00
				1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				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
		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
				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)	01/01/2015		03/31/2015	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part I Date/Time Prepared: 2/25/2016 3:09 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/25/2016 3:09 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/15/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		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	02/11/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-2 Part II Date/Time Prepared: 2/25/2016 3:09 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TOM		WEST	41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2178762031		TOMW@DMHHS.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	02/11/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, ANALYTICS & PERFORMANCE MA	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: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	56,210	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)		154	56,210	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		206	75,190	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		206				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: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	14,656	2,328	27,820			1.00
2.00 HMO and other (see instructions)	4,190	3,062				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)	14,656	2,328	27,820			7.00
8.00 INTENSIVE CARE UNIT	2,916	1,040	5,411			8.00
9.00 CORONARY CARE UNIT	1,990	686	3,571			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		349	1,818			13.00
14.00 Total (see instructions)	19,562	4,403	38,620	13.50	1,660.30	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	13,317	1,934	23,320	0.00	41.71	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	364	28	392	0.00	12.15	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				13.50	1,714.16	27.00
28.00 Observation Bed Days		1,675	6,278			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			473			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	129	218			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: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,311	2,005	10,342	1.00
2.00 HMO and other (see instructions)			871	909		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	4,311	2,005	10,342	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part II Date/Time Prepared: 2/25/2016 3:09 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	116,307,010	0	116,307,010	3,565,471.00	32.62	1.00
2.00	Non-physician anesthetist Part A		4,938,908	0	4,938,908	52,422.00	94.21	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		584,673	0	584,673	3,539.00	165.21	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	787,809	787,809	27,560.00	28.59	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		47,519,746	-1,633,101	45,886,645	965,572.00	47.52	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		769,170	0	769,170	16,533.00	46.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		130,700	0	130,700	532.00	245.68	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,383,235	0	18,383,235			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,575,956	0	5,575,956			19.00
20.00	Non-physician anesthetist Part A		678,721	0	678,721			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		63,476	0	63,476			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		203,908	0	203,908			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	633,799	0	633,799	22,075.00	28.71	26.00
27.00	Administrative & General	5.00	10,110,298	-249,954	9,860,344	369,485.00	26.69	27.00
28.00	Administrative & General under contract (see inst.)		1,228,307	0	1,228,307	7,178.00	171.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,186,224	0	1,186,224	62,894.00	18.86	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,413,869	0	1,413,869	125,029.00	11.31	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,834,532	-1,533,781	300,751	22,758.00	13.22	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,533,781	1,533,781	103,436.00	14.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,627,301	249,954	1,877,255	58,158.00	32.28	38.00
39.00	Central Services and Supply	14.00	709,049	0	709,049	36,880.00	19.23	39.00
40.00	Pharmacy	15.00	1,862,228	0	1,862,228	51,866.00	35.90	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

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

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

	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	1,321,396	0	1,321,396	62,396.00	21.18	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

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

Worksheet S-3
Part III
Date/Time Prepared:
2/25/2016 3:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	112,596,409	-787,809	111,808,600	3,492,667.00	32.01	1.00
2.00	Excluded area salaries (see instructions)	47,519,746	-1,633,101	45,886,645	965,572.00	47.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,076,663	845,292	65,921,955	2,527,095.00	26.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	899,870	0	899,870	17,065.00	52.73	4.00
5.00	Subtotal wage-related costs (see inst.)	18,446,711	0	18,446,711	0.00	27.98	5.00
6.00	Total (sum of lines 3 thru 5)	84,423,244	845,292	85,268,536	2,544,160.00	33.52	6.00
7.00	Total overhead cost (see instructions)	21,927,003	0	21,927,003	922,155.00	23.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2016 3:09 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,779,857	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		1,227,310	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		12,388,398	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		518,787	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		146,809	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)		449,864	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		909,814	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,378,298	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		38,098	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		68,062	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,905,297	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140135

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

Worksheet S-3
Part V
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140135 Component CCN: 147206		Period: From 10/01/2014 To 09/30/2015		Worksheet S-4 Date/Time Prepared: 2/25/2016 3:09 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,524	686	3,257	7,467 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	623.00	121.20	575.80	1,320.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00 5.00	
6.00	Direct Nursing Service			0.00	0.00	0.00 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			0.00	0.00	0.00 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.00	0.00	0.00 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.00	0.00	0.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			0.00	0.00	0.00 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19500		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,832	1,382	307	90	7,611 21.00	
22.00	Skilled Nursing Visit Charges	1,290,290	272,840	72,011	20,710	1,655,851 22.00	
23.00	Physical Therapy Visits	3,495	102	55	57	3,709 23.00	
24.00	Physical Therapy Visit Charges	661,580	19,380	8,930	10,830	700,720 24.00	
25.00	Occupational Therapy Visits	491	26	2	17	536 25.00	
26.00	Occupational Therapy Visit Charges	92,530	4,940	380	3,230	101,080 26.00	
27.00	Speech Pathology Visits	51	0	0	3	54 27.00	
28.00	Speech Pathology Visit Charges	9,690	0	0	570	10,260 28.00	
29.00	Medical Social Service Visits	31	0	1	0	32 29.00	
30.00	Medical Social Service Visit Charges	5,770	0	190	0	5,960 30.00	
31.00	Home Health Aide Visits	971	389	5	10	1,375 31.00	
32.00	Home Health Aide Visit Charges	82,535	33,065	425	850	116,875 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,871	1,899	370	177	13,317 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,142,395	330,225	81,936	36,190	2,590,746 35.00	
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0 36.00	
37.00	Total Number of Outlier Episodes		0		0	0 37.00	
38.00	Total Non-Routine Medical Supply Charges	52,069	10,886	1,801	126	64,882 38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140135
Component CCN: 141517

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/25/2016 3:09 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	4,284	121	0	0	0	4,405	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	0	3.00
4.00	General Inpatient Care	364	28	0	0	0	392	4.00
5.00	Total Hospice Days	4,648	149	0	0	0	4,797	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	268	20	0	0	24	312	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	17.34	7.45	0.00	0.00	0.00	15.38	8.00
9.00	Unduplicated Census Count	221	20	0	0	54	295	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet S-10 Date/Time Prepared: 2/25/2016 3:09 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.232129	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,200,138	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		123,080,470	6.00	
7.00	Medicaid cost (line 1 times line 6)		28,570,546	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)		12,370,408	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)		12,370,408	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,880,479	2,058,358	7,938,837	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,365,030	477,805	1,842,835	21.00
22.00	Partial payment by patients approved for charity care	242,482	1,053,286	1,295,768	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,122,548	-575,481	547,067	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)		10,961,311	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,106,582	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,854,729	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,287,568	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,834,635	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,205,043	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		27,012,140	27,012,140	-19,880,584	7,131,556	1.00
2.00	00200		0	0	11,488,817	11,488,817	2.00
4.00	00400				0	18,326,597	4.00
5.00	00500	633,799	17,692,798	18,326,597	0	18,326,597	5.00
7.00	00700	10,110,298	17,528,101	27,638,399	8,166,185	35,804,584	7.00
8.00	00800	1,186,224	7,970,779	9,157,003	0	9,157,003	8.00
9.00	00900	0	1,130,114	1,130,114	0	1,130,114	9.00
10.00	01000	1,413,869	912,771	2,326,640	0	2,326,640	10.00
11.00	01100	1,834,532	1,812,608	3,647,140	-3,049,232	597,908	11.00
13.00	01300	0	0	0	3,049,232	3,049,232	13.00
14.00	01400	1,627,301	764,469	2,391,770	249,954	2,641,724	14.00
15.00	01500	709,049	4,524,310	5,233,359	-3,222,253	2,011,106	15.00
16.00	01600	1,862,228	9,692,940	11,555,168	-8,841,776	2,713,392	16.00
19.00	01900	1,321,396	1,275,455	2,596,851	0	2,596,851	19.00
21.00	02100	0	0	0	4,938,908	4,938,908	21.00
22.00	02200	0	0	0	787,809	787,809	22.00
23.00	02300	414,798	37,523	452,321	0	452,321	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,462,597	1,138,731	10,601,328	-51,905	10,549,423	30.00
31.00	03100	3,002,897	382,688	3,385,585	3,870	3,389,455	31.00
32.00	03200	2,199,833	240,053	2,439,886	62,500	2,502,386	32.00
43.00	04300	0	58,195	58,195	0	58,195	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,639,716	14,393,013	19,032,729	-8,903,879	10,128,850	50.00
50.01	05001	83,003	64,557	147,560	0	147,560	50.01
51.00	05100	683,043	73,533	756,576	0	756,576	51.00
52.00	05200	0	17,909	17,909	266,488	284,397	52.00
53.00	05300	5,161,736	877,352	6,039,088	-4,938,908	1,100,180	53.00
54.00	05400	5,456,536	7,624,124	13,080,660	-155,263	12,925,397	54.00
55.00	05500	1,318,402	1,459,355	2,777,757	-6,349	2,771,408	55.00
60.00	06000	3,024,407	3,937,002	6,961,409	0	6,961,409	60.00
65.00	06500	792,138	130,439	922,577	0	922,577	65.00
66.00	06600	2,333,769	668,438	3,002,207	615,283	3,617,490	66.00
67.00	06700	414,697	55,409	470,106	0	470,106	67.00
68.00	06800	261,558	31,963	293,521	0	293,521	68.00
69.00	06900	2,019,119	500,464	2,519,583	0	2,519,583	69.00
69.01	06901	846,764	3,129,018	3,975,782	-2,835,846	1,139,936	69.01
70.00	07000	606,800	88,424	695,224	25,000	720,224	70.00
71.00	07100	0	0	0	2,665,676	2,665,676	71.00
72.00	07200	0	0	0	12,818,835	12,818,835	72.00
73.00	07300	0	0	0	8,841,776	8,841,776	73.00
74.00	07400	538	477,860	478,398	50,000	528,398	74.00
75.00	07500	2,879,384	1,562,072	4,441,456	-162,791	4,278,665	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	16,990	961,320	978,310	0	978,310	90.00
91.00	09100	2,884,641	3,420,189	6,304,830	0	6,304,830	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	2,544,383	597,382	3,141,765	-24,372	3,117,393	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	763,386	391,891	1,155,277	0	1,155,277	116.00
118.00	11800	72,509,831	132,635,389	205,145,220	3,491,769	208,636,989	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	242,535	616,025	858,560	0	858,560	190.00
190.01	19001	787,809	1,630,143	2,417,952	-2,322,403	95,549	190.01
190.02	19002	75,648	18,322	93,970	0	93,970	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	56,652	24,395	81,047	0	81,047	190.04
190.05	19005	0	1,502	1,502	0	1,502	190.05
190.06	19006	376,970	31,700	408,670	0	408,670	190.06
190.07	19007	511,393	925,909	1,437,302	0	1,437,302	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	59,592	59,592	0	59,592	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	122,751	2,805,665	2,928,416	0	2,928,416	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	140,313	276,647	416,960	0	416,960	190.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
190.15	19015 CORPORATE HEALTH	1,733,090	1,771,157	3,504,247	0	3,504,247	190.15
190.16	19016 CANCER CARE INSTITUTE	155,470	98,501	253,971	0	253,971	190.16
190.17	19017 INTEGRATED CENTER	521,904	678,093	1,199,997	-615,283	584,714	190.17
190.18	19019 34B ADMINISTRATION	0	620,585	620,585	0	620,585	190.18
191.00	19100 RESEARCH	732,237	137,447	869,684	0	869,684	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	38,340,407	11,859,533	50,199,940	-554,083	49,645,857	192.00
200.00	TOTAL (SUM OF LINES 118-199)	116,307,010	154,190,605	270,497,615	0	270,497,615	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	7,131,556	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,488,817	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,617,250	13,709,347	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,101,891	24,702,693	5.00
7.00	00700	OPERATION OF PLANT	-6,505	9,150,498	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,130,114	8.00
9.00	00900	HOUSEKEEPING	0	2,326,640	9.00
10.00	01000	DIETARY	-16,445	581,463	10.00
11.00	01100	CAFETERIA	-1,958,564	1,090,668	11.00
13.00	01300	NURSING ADMINISTRATION	-6,195	2,635,529	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,011,106	14.00
15.00	01500	PHARMACY	0	2,713,392	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-89,784	2,507,067	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-4,938,908	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	787,809	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,534,594	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	452,321	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-100,535	10,448,888	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,541	3,385,914	31.00
32.00	03200	CORONARY CARE UNIT	-37,812	2,464,574	32.00
43.00	04300	NURSERY	0	58,195	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-193,160	9,935,690	50.00
50.01	05001	ORTHO MEDICAL	0	147,560	50.01
51.00	05100	RECOVERY ROOM	0	756,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	284,397	52.00
53.00	05300	ANESTHESIOLOGY	-292,883	807,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-55,313	12,870,084	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-20,428	2,750,980	55.00
60.00	06000	LABORATORY	0	6,961,409	60.00
65.00	06500	RESPIRATORY THERAPY	0	922,577	65.00
66.00	06600	PHYSICAL THERAPY	-55,265	3,562,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	470,106	67.00
68.00	06800	SPEECH PATHOLOGY	0	293,521	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,722	2,517,861	69.00
69.01	06901	CATH LAB	-12,853	1,127,083	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-51,673	668,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-467,293	2,198,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,818,835	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,841,776	73.00
74.00	07400	RENAL DIALYSIS	-30,252	498,146	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-140	4,278,525	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-16,538	961,772	90.00
91.00	09100	EMERGENCY	-2,967,365	3,337,465	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-748	3,116,645	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,155,277	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,043,063	181,593,926	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	858,560	190.00
190.01	19001	SUICIDAL CLINIC	0	95,549	190.01
190.02	19002	WOMEN'S CENTER	0	93,970	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	81,047	190.04
190.05	19005	RENTAL PROPERTY	0	1,502	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	408,670	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,437,302	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	59,592	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	2,928,416	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	416,960	190.14
190.15	19015	CORPORATE HEALTH	0	3,504,247	190.15
190.16	19016	CANCER CARE INSTITUTE	0	253,971	190.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet A Date/Time Prepared: 2/25/2016 3:09 pm
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Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
190.17	19017	INTEGRATED CENTER	0	584,714	190.17
190.18	19019	34B ADMINISTRATION	0	620,585	190.18
191.00	19100	RESEARCH	0	869,684	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49,645,857	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-27,043,063	243,454,552	200.00

RECLASSIFICATIONS

Provider CCN: 140135

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

Worksheet A-6
Date/Time Prepared:
2/25/2016 3:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MOVABLE EQUIPMENT					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,464,771	1.00
	O		0	11,464,771	
B - I.L. PROVIDER TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,416,139	1.00
	O		0	8,416,139	
C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	4,938,908	0	1.00
	O		4,938,908	0	
D - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,784,854	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
	O		0	17,784,854	
E - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,841,776	1.00
	O		0	8,841,776	
F - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	787,809	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,534,594	2.00
	O		787,809	1,534,594	
G - HHA RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	326	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,046	2.00
	O		0	24,372	
I - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,533,781	1,515,451	1.00
	O		1,533,781	1,515,451	
J - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	249,954	0	1.00
	O		249,954	0	
K - INTEGRATED CENTER					
1.00	PHYSICAL THERAPY	66.00	291,209	324,074	1.00
	O		291,209	324,074	
L - PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	31,250	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	100,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	40,000	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	43,333	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	25,000	0	5.00
6.00	CORONARY CARE UNIT	32.00	62,500	0	6.00
7.00	OPERATING ROOM	50.00	177,000	0	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	25,000	0	8.00
9.00	RENAL DIALYSIS	74.00	50,000	0	9.00
	O		554,083	0	
M - LABOR AND DELIVERY ROOM					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	234,850	31,638	1.00
	O		234,850	31,638	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,818,835	1.00
	O		0	12,818,835	
O - CHARGEABLE MEDICAL SUPPLIES					
1.00	INTENSIVE CARE UNIT	31.00	0	101,202	1.00
2.00	OPERATING ROOM	50.00	0	3,867,695	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	743,617	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,407	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,665,676	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	779,675	6.00
	O		0	8,188,272	
500.00	Grand Total: Increases		8,590,594	70,944,776	500.00

RECLASSIFICATIONS

Provider CCN: 140135

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

Worksheet A-6
Date/Time Prepared:
2/25/2016 3:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MOVABLE EQUIPMENT							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,464,771	9		1.00
	O		0	11,464,771			
B - IL PROVIDER TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,416,139	13		1.00
	O		0	8,416,139			
C - ANESTHESIA - RN SALARY							
1.00	ANESTHESIOLOGY	53.00	4,938,908	0	0		1.00
	O		4,938,908	0			
D - MEDICAL SUPPLIES							
1.00	INTENSIVE CARE UNIT	31.00	0	122,332	0		1.00
2.00	OPERATING ROOM	50.00	0	12,948,574	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	898,880	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	36,756	0		4.00
5.00	CATH LAB	69.01	0	2,835,846	0		5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	942,466	0		6.00
	O		0	17,784,854			
E - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	8,841,776	0		1.00
	O		0	8,841,776			
F - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	787,809	0	0		1.00
2.00	SIU CLINIC	190.01	0	1,534,594	0		2.00
	O		787,809	1,534,594			
G - HHA RECLASS							
1.00	HOME HEALTH AGENCY	101.00	0	326	9		1.00
2.00	HOME HEALTH AGENCY	101.00	0	24,046	9		2.00
	O		0	24,372			
I - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,533,781	1,515,451	0		1.00
	O		1,533,781	1,515,451			
J - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	249,954	0	0		1.00
	O		249,954	0			
K - INTEGRATED CENTER							
1.00	INTEGRATED CENTER	190.17	291,209	324,074	0		1.00
	O		291,209	324,074			
L - PHYSICIANS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	554,083	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	O		554,083	0			
M - LABOR AND DELIVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	234,850	31,638	0		1.00
	O		234,850	31,638			
N - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,818,835	0		1.00
	O		0	12,818,835			
O - CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,188,272	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	O		0	8,188,272			
500.00	Grand Total: Decreases		8,590,594	70,944,776			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,337,264	0	0	0	0	1.00
2.00	Land Improvements	8,534,074	288,538	0	288,538	0	2.00
3.00	Buildings and Fixtures	170,118,180	1,083,101	0	1,083,101	0	3.00
4.00	Building Improvements	2,331,952	450,562	0	450,562	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	202,164,348	24,612,028	0	24,612,028	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	384,485,818	26,434,229	0	26,434,229	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	384,485,818	26,434,229	0	26,434,229	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,337,264	0				1.00
2.00	Land Improvements	8,822,612	0				2.00
3.00	Buildings and Fixtures	171,201,281	0				3.00
4.00	Building Improvements	2,782,514	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	226,776,376	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	410,920,047	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	410,920,047	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	18,259,355	0	336,646	0	8,416,139	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,259,355	0	336,646	0	8,416,139	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	27,012,140				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	27,012,140				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part III
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	184,143,671	0	184,143,671	0.448125	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	226,776,376	0	226,776,376	0.551875	0	2.00
3.00	Total (sum of lines 1-2)	410,920,047	0	410,920,047	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,794,910	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,488,817	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,283,727	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	CAP REL COSTS-BLDG & FIXT	336,646	0	0	0	7,131,556	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,488,817	2.00
3.00	Total (sum of lines 1-2)	336,646	0	0	0	18,620,373	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

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

Worksheet A-8

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-23	0	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-467,293	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,394,173	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,925,779	0	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	B	-89,784	0	MEDICAL RECORDS & LIBRARY	16.00	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	B	-32,785	0	CAFETERIA	11.00	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	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-4,938,908	0	NONPHYSICIAN ANESTHETISTS	19.00	0	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	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	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 EMPLOYEE BENEFITS-OTHER REVENUE	B	-7,200	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

Provider CCN: 140135

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

Worksheet A-8

Date/Time Prepared:
 2/25/2016 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 A&G - OTHER REVENUE	B	-1,532,802	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 MISC TELEPHONE REVENUE	B	-128,044	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 MISC ACCOUNTING REVENUE	B	-134,044	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 OPERATION OF PLANT - OTHER REV	B	-6,505	OPERATION OF PLANT	7.00	0 33.04
33.05 DIET-OTHER REVENUE	B	-16,445	DIETARY	10.00	0 33.05
33.06 NURSING ADMIN - OTHER REV	B	-6,195	NURSING ADMINISTRATION	13.00	0 33.06
33.07 PEDS-OTHER REVENUE	B	-6,783	ADULTS & PEDIATRICS	30.00	0 33.07
33.08 OBGY-OTHER REVENUE	B	-1,861	ADULTS & PEDIATRICS	30.00	0 33.08
33.09 RADIOLOGY DIAGNOSTIC - OTHER REV	B	-54,804	RADIOLOGY-DIAGNOSTIC	54.00	0 33.09
33.10 HRTC-OTHER REVENUE	B	-1,722	ELECTROCARDIOLOGY	69.00	0 33.10
33.11 SIUR-OTHER REVENUE	B	-4,200	CLINIC	90.00	0 33.11
33.12 ORRV-OTHER REVENUE	B	-1,600	OPERATING ROOM	50.00	0 33.12
33.13 ADMN-OTHER REVENUE	B	-147,368	ADMINISTRATIVE & GENERAL	5.00	0 33.13
33.14 OTRV-SILVER RECOVERY	B	-89	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15 CANC-OTHER REVENUE	B	-18,241	RADIOLOGY-THERAPEUTIC	55.00	0 33.15
33.16 PT - OTHER REVENUE	B	-52,120	PHYSICAL THERAPY	66.00	0 33.16
33.17 RENT INCOME	B	-2,583	OPERATING ROOM	50.00	0 33.17
33.18 CENT-OTHER REVENUE	B	-140	ASC (NON-DIAGNOSTIC PART)	75.00	0 33.18
33.19 EMER-OTHER REVENUE	B	-577	EMERGENCY	91.00	0 33.19
33.20 KIDN-OTHER REVENUE	B	-7,704	RENAL DIALYSIS	74.00	0 33.20
33.21 ADVERTISING	A	-4,829	ADMINISTRATIVE & GENERAL	5.00	0 33.21
33.22 LOBBYING DUES	A	-49,649	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23 HHA-OTHER REVENUE	A	-748	HOME HEALTH AGENCY	101.00	0 33.23
33.24 ADVERTISING	A	-535,140	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25 ADVERTISING	A	-2,525	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26 ADVERTISING	A	35,008	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27 NON-ALLOWABLE MARKETING	A	-219,177	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28 CRNA BENEFITS	A	-385,838	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.28
33.29 CRNA ACCRUALS	A	15,554	ANESTHESIOLOGY	53.00	0 33.29
33.30 CRNA FICA	A	-308,437	ANESTHESIOLOGY	53.00	0 33.30
33.31 ILLINOIS PROVIDER TAX EXP	A	-8,383,298	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32 SELF INSURANCE	A	-4,224,212	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,043,063			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: 140135

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2016 3:09 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,220	2,220	0	169,700	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	100,000	0	100,000	169,700	520	2.00
3.00	30.00	ADULTS & PEDIATRICS	43,333	0	43,333	169,700	361	3.00
4.00	30.00	ADULTS & PEDIATRICS	31,250	0	31,250	169,700	437	4.00
5.00	30.00	ADULTS & PEDIATRICS	40,000	0	40,000	169,700	267	5.00
6.00	31.00	INTENSIVE CARE UNIT	25,000	0	25,000	197,500	226	6.00
7.00	32.00	CORONARY CARE UNIT	62,500	0	62,500	197,500	260	7.00
8.00	50.00	OPERATING ROOM	177,000	0	177,000	246,400	780	8.00
9.00	50.00	OPERATING ROOM	65,108	65,108	0	246,400	0	9.00
10.00	50.00	OPERATING ROOM	60,000	0	60,000	246,400	175	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	420	420	0	271,900	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	8,200	0	8,200	271,900	46	12.00
13.00	66.00	PHYSICAL THERAPY	3,145	3,145	0	179,000	0	13.00
14.00	69.01	CATH LAB	17,500	0	17,500	179,000	54	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	75,339	40,349	34,990	179,000	275	15.00
16.00	74.00	RENAL DIALYSIS	50,000	0	50,000	179,000	319	16.00
17.00	90.00	CLINIC	20,600	0	20,600	179,000	96	17.00
18.00	91.00	EMERGENCY	201,100	201,100	0	179,000	0	18.00
19.00	91.00	EMERGENCY	2,791,204	2,746,204	45,000	179,000	258	19.00
200.00			3,773,919	3,058,546	715,373		4,074	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	42,425	2,121	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	29,453	1,473	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	35,653	1,783	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	21,784	1,089	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	21,459	1,073	0	0	0	6.00
7.00	32.00	CORONARY CARE UNIT	24,688	1,234	0	0	0	7.00
8.00	50.00	OPERATING ROOM	92,400	4,620	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	50.00	OPERATING ROOM	20,731	1,037	0	0	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	6,013	301	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	13.00
14.00	69.01	CATH LAB	4,647	232	0	0	0	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	23,666	1,183	0	0	0	15.00
16.00	74.00	RENAL DIALYSIS	27,452	1,373	0	0	0	16.00
17.00	90.00	CLINIC	8,262	413	0	0	0	17.00
18.00	91.00	EMERGENCY	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	22,203	1,110	0	0	205,511	19.00
200.00			380,836	19,042	0	0	205,511	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	30.00	ADULTS & PEDIATRICS	0	0	0	2,220	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	42,425	57,575	57,575	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	29,453	13,880	13,880	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	35,653	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	21,784	18,216	18,216	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	21,459	3,541	3,541	6.00
7.00	32.00	CORONARY CARE UNIT	0	24,688	37,812	37,812	7.00
8.00	50.00	OPERATING ROOM	0	92,400	84,600	84,600	8.00
9.00	50.00	OPERATING ROOM	0	0	0	65,108	9.00
10.00	50.00	OPERATING ROOM	0	20,731	39,269	39,269	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	420	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	0	6,013	2,187	2,187	12.00
13.00	66.00	PHYSICAL THERAPY	0	0	0	3,145	13.00
14.00	69.01	CATH LAB	0	4,647	12,853	12,853	14.00
15.00	70.00	ELECTROENCEPHALOGRAPHY	0	23,666	11,324	51,673	15.00
16.00	74.00	RENAL DIALYSIS	0	27,452	22,548	22,548	16.00
17.00	90.00	CLINIC	0	8,262	12,338	12,338	17.00
18.00	91.00	EMERGENCY	0	0	0	201,100	18.00
19.00	91.00	EMERGENCY	3,313	25,516	19,484	2,765,688	19.00
200.00			3,313	384,149	335,627	3,394,173	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,131,556	7,131,556			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,488,817		11,488,817		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,709,347	60,019	893	13,770,259	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,702,693	504,472	4,246,145	1,861,330	5.00
7.00 00700	OPERATION OF PLANT	9,150,498	406,088	263,001	223,921	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,130,114	88,648	0	0	8.00
9.00 00900	HOUSEKEEPING	2,326,640	815,628	21,962	266,893	9.00
10.00 01000	DIETARY	581,463	68,698	105,164	56,772	10.00
11.00 01100	CAFETERIA	1,090,668	350,352	0	289,529	11.00
13.00 01300	NURSING ADMINISTRATION	2,635,529	77,490	360,311	354,366	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,011,106	218,605	13,380	133,846	14.00
15.00 01500	PHARMACY	2,713,392	32,968	7,846	351,529	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,507,067	52,270	21,269	249,437	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	787,809	0	0	148,713	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,534,594	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	452,321	0	1,293	78,301	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,448,888	1,197,229	142,514	1,782,410	30.00
31.00 03100	INTENSIVE CARE UNIT	3,385,914	150,217	114,420	571,570	31.00
32.00 03200	CORONARY CARE UNIT	2,464,574	146,357	24,960	427,056	32.00
43.00 04300	NURSERY	58,195	17,710	22,842	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,935,690	565,181	1,628,833	909,242	50.00
50.01 05001	ORTHO MEDICAL	147,560	16,371	19,827	15,668	50.01
51.00 05100	RECOVERY ROOM	756,576	27,474	17,827	128,937	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	284,397	34,927	1,163	44,332	52.00
53.00 05300	ANESTHESIOLOGY	807,297	28,629	178,061	42,063	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,870,084	376,572	1,822,529	1,030,019	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,750,980	103,709	971,358	248,872	55.00
60.00 06000	LABORATORY	6,961,409	146,498	219,653	570,911	60.00
65.00 06500	RESPIRATORY THERAPY	922,577	0	21,789	149,530	65.00
66.00 06600	PHYSICAL THERAPY	3,562,225	127,914	28,551	495,512	66.00
67.00 06700	OCCUPATIONAL THERAPY	470,106	7,946	9,598	78,282	67.00
68.00 06800	SPEECH PATHOLOGY	293,521	9,411	0	49,374	68.00
69.00 06900	ELECTROCARDIOLOGY	2,517,861	152,345	223,434	381,145	69.00
69.01 06901	CATH LAB	1,127,083	161,108	546,827	159,842	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	668,551	24,684	69,202	119,264	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,198,383	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,818,835	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,841,776	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	498,146	0	20,776	9,540	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,278,525	66,289	181,289	543,536	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	961,772	0	18,302	3,207	90.00
91.00 09100	EMERGENCY	3,337,465	422,671	4,327	544,528	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,116,645	57,680	23,717	480,298	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,155,277	0	0	144,103	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	181,593,926	6,516,160	11,353,063	12,943,878	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	858,560	49,143	4,663	45,783	190.00
190.01 19001	SUITE CLINIC	95,549	0	566	0	190.01
190.02 19002	WOMEN'S CENTER	93,970	0	0	14,280	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	81,047	0	0	10,694	190.04
190.05 19005	RENTAL PROPERTY	1,502	91,156	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	408,670	0	0	71,160	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	1,437,302	0	30,692	96,535	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,088	0	0	190.08
190.09 19009	SHORE	59,592	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	271	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.12 19012 CCOP FISCAL INTERMEDIARY	2,928,416	0	34	23,171	2,951,621	190.12
190.13 19013 ELDERLY SERVICES	0	0	676	0	676	190.13
190.14 19014 REAL ESTATE MANAGEMENT	416,960	0	0	26,487	443,447	190.14
190.15 19015 CORPORATE HEALTH	3,504,247	0	65,723	327,152	3,897,122	190.15
190.16 19016 CANCER CARE INSTITUTE	253,971	6,763	20,656	29,348	310,738	190.16
190.17 19017 INTEGRATED CENTER	584,714	0	2,260	43,548	630,522	190.17
190.18 19019 34B ADMINISTRATION	620,585	0	0	0	620,585	190.18
191.00 19100 RESEARCH	869,684	24,628	10,213	138,223	1,042,748	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	49,645,857	432,618	0	0	50,078,475	192.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	243,454,552	7,131,556	11,488,817	13,770,259	243,454,552	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part I Date/Time Prepared: 2/25/2016 3:09 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,314,640				5.00
7.00	00700	OPERATION OF PLANT	1,482,552	11,526,060			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,905	165,844	1,564,511		8.00
9.00	00900	HOUSEKEEPING	506,478	1,525,891	0	5,463,492	9.00
10.00	01000	DIETARY	119,876	128,522	624	71,401	1,132,520
11.00	01100	CAFETERIA	255,452	655,444	0	364,134	0
13.00	01300	NURSING ADMINISTRATION	505,972	144,969	0	80,538	0
14.00	01400	CENTRAL SERVICES & SUPPLY	350,867	408,971	0	227,205	0
15.00	01500	PHARMACY	458,447	61,678	0	34,265	0
16.00	01600	MEDICAL RECORDS & LIBRARY	417,751	97,788	0	54,327	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	138,243	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	226,526	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	78,518	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,003,262	2,239,796	504,338	1,244,325	806,126
31.00	03100	INTENSIVE CARE UNIT	623,240	281,029	128,457	156,127	109,590
32.00	03200	CORONARY CARE UNIT	452,131	273,807	128,212	152,114	107,721
43.00	04300	NURSERY	14,576	33,132	11,792	18,407	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,924,718	1,057,351	199,699	587,415	2,466
50.01	05001	ORTHO MEDICAL	29,438	30,628	8,594	17,015	0
51.00	05100	RECOVERY ROOM	137,400	51,398	27,222	28,554	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,852	65,341	0	36,301	0
53.00	05300	ANESTHESIOLOGY	155,887	53,559	0	29,755	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,376,452	704,496	95,713	391,385	9,649
55.00	05500	RADIOLOGY-THERAPEUTIC	601,511	194,021	17,738	107,789	0
60.00	06000	LABORATORY	1,165,917	274,070	0	152,261	0
65.00	06500	RESPIRATORY THERAPY	161,473	0	56	0	0
66.00	06600	PHYSICAL THERAPY	622,071	239,304	35,312	132,946	0
67.00	06700	OCCUPATIONAL THERAPY	83,539	14,866	0	8,259	0
68.00	06800	SPEECH PATHOLOGY	52,005	17,607	0	9,782	0
69.00	06900	ELECTROCARDIOLOGY	483,401	285,009	58,557	158,338	0
69.01	06901	CATH LAB	294,467	301,404	0	167,446	13,943
70.00	07000	ELECTROENCEPHALOGRAPHY	130,151	46,179	16,179	25,655	241
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	324,510	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,892,227	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,305,161	0	0	0	0
74.00	07400	RENAL DIALYSIS	78,008	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	748,345	124,014	109,472	68,897	53,678
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	145,145	0	6,289	0	0
91.00	09100	EMERGENCY	636,063	790,740	195,312	439,298	29,106
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	542,971	107,910	0	59,950	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	191,805	0	963	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,950,313	10,374,768	1,544,529	4,823,889	1,132,520
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,435	91,937	0	51,076	0
190.01	19001	SUICLINIC	14,188	0	0	0	0
190.02	19002	WOMEN'S CENTER	15,979	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	13,542	0	0	0	0
190.05	19005	RENTAL PROPERTY	13,678	170,536	0	94,742	0
190.06	19006	DECATUR DIGESTIVE CENTER	70,829	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	230,945	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	1,637	20,744	0	11,524	0
190.09	19009	SHORE	8,797	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	40	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	435,698	0	0	0	0
190.13	19013	ELDERLY SERVICES	100	0	0	0	0
190.14	19014	REAL ESTATE MANAGEMENT	65,459	0	0	0	0
190.15	19015	CORPORATE HEALTH	575,266	0	7,463	0	0
190.16	19016	CANCER CARE INSTITUTE	45,869	12,652	0	7,029	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.17	19017	INTEGRATED CENTER	93,073	0	3,789	0	0	190.17
190.18	19019	34B ADMINISTRATION	91,606	0	0	0	0	190.18
191.00	19100	RESEARCH	153,923	46,074	0	25,596	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,392,263	809,349	8,730	449,636	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)	31,314,640	11,526,060	1,564,511	5,463,492	1,132,520	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,005,579					11.00
13.00	01300	51,756	4,210,931				13.00
14.00	01400	38,883	0	3,402,863			14.00
15.00	01500	54,694	0	18,626	3,733,445		15.00
16.00	01600	65,791	0	17	0	3,465,717	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	6,382	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	388,058	2,765,953	27,963	0	107,356	30.00
31.00	03100	106,384	758,004	18,225	0	35,229	31.00
32.00	03200	82,546	588,202	4,931	0	21,339	32.00
43.00	04300	0	0	7,368	0	2,718	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	183,206	0	1,929,034	11,012	612,922	50.00
50.01	05001	3,026	0	8,620	0	3,386	50.01
51.00	05100	22,303	0	1,007	0	28,172	51.00
52.00	05200	0	0	2,542	0	22,816	52.00
53.00	05300	57,458	0	26,676	0	19,102	53.00
54.00	05400	223,734	0	133,912	532,311	821,969	54.00
55.00	05500	37,172	0	5,476	594	75,499	55.00
60.00	06000	150,179	0	37,781	0	566,012	60.00
65.00	06500	34,475	0	8,706	0	50,031	65.00
66.00	06600	106,428	0	2,346	0	85,712	66.00
67.00	06700	13,378	0	1,301	0	44,076	67.00
68.00	06800	7,347	0	831	0	7,587	68.00
69.00	06900	70,835	0	3,040	74,548	144,207	69.00
69.01	06901	23,860	0	422,473	23,268	115,429	69.01
70.00	07000	24,101	0	2,751	0	33,711	70.00
71.00	07100	0	0	480,039	0	38,549	71.00
72.00	07200	0	0	0	0	90,934	72.00
73.00	07300	0	0	0	3,074,622	152,579	73.00
74.00	07400	44	255	3,288	0	7,196	74.00
75.00	07500	98,577	98,517	140,405	670	99,083	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	15,396	0	32,153	90.00
91.00	09100	113,643	0	25,822	0	224,282	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	91,472	0	4,951	0	17,175	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	26,645	0	1,489	16,420	6,493	116.00
118.00		2,082,377	4,210,931	3,335,016	3,733,445	3,465,717	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	21,272	0	142	0	0	190.00
190.01	19001	31,185	0	0	0	0	190.01
190.02	19002	2,939	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	154	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	15,987	0	0	0	0	190.06
190.07	19007	27,238	0	9	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	5,943	0	1	0	0	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	6,206	0	0	0	0	190.14
190.15	19015	78,138	0	5,200	0	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
From 10/01/2014
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.16	19016	CANCER CARE INSTITUTE	7,983	0	0	0	0
190.17	19017	INTEGRATED CENTER	12,588	0	21	0	0
190.18	19019	34B ADMINISTRATION	0	0	0	0	0
191.00	19100	RESEARCH	34,540	0	3,864	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	679,029	0	58,610	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,005,579	4,210,931	3,402,863	3,733,445	3,465,717

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		1,074,765			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			1,761,120		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				616,815	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,074,765	1,761,120	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	616,815	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,074,765	1,761,120	616,815	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	SIU CLINIC	0	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	0	190.08
190.09 19009	SHORE	0	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	190.12
190.13 19013	ELDERLY SERVICES	0	0	0	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	515,112	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0	4,563,189	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0	384,271	190.16
190.17 19017 INTEGRATED CENTER	0	0	0	0	739,993	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	712,191	190.18
191.00 19100 RESEARCH	0	0	0	0	1,306,745	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	59,476,092	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,074,765	1,761,120	616,815	243,454,552	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,835,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-351,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
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
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,187,508	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	190.12
190.13	19013	ELDERLY SERVICES	0	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	515,112	190.14
190.15	19015	CORPORATE HEALTH	0	4,563,189	190.15
190.16	19016	CANCER CARE INSTITUTE	0	384,271	190.16
190.17	19017	INTEGRATED CENTER	0	739,993	190.17
190.18	19019	34B ADMINISTRATION	0	712,191	190.18
191.00	19100	RESEARCH	0	1,306,745	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	59,476,092	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)	-3,187,508	240,267,044	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	60,019	893	60,912	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	504,472	4,246,145	4,750,617	5.00
7.00 00700	OPERATION OF PLANT	0	406,088	263,001	669,089	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	88,648	0	88,648	8.00
9.00 00900	HOUSEKEEPING	0	815,628	21,962	837,590	9.00
10.00 01000	DIETARY	0	68,698	105,164	173,862	10.00
11.00 01100	CAFETERIA	0	350,352	0	350,352	11.00
13.00 01300	NURSING ADMINISTRATION	0	77,490	360,311	437,801	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	218,605	13,380	231,985	14.00
15.00 01500	PHARMACY	0	32,968	7,846	40,814	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,270	21,269	73,539	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	1,293	1,293	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,197,229	142,514	1,339,743	30.00
31.00 03100	INTENSIVE CARE UNIT	0	150,217	114,420	264,637	31.00
32.00 03200	CORONARY CARE UNIT	0	146,357	24,960	171,317	32.00
43.00 04300	NURSERY	0	17,710	22,842	40,552	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	565,181	1,628,833	2,194,014	50.00
50.01 05001	ORTHO MEDICAL	0	16,371	19,827	36,198	50.01
51.00 05100	RECOVERY ROOM	0	27,474	17,827	45,301	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	34,927	1,163	36,090	52.00
53.00 05300	ANESTHESIOLOGY	0	28,629	178,061	206,690	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	376,572	1,822,529	2,199,101	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	103,709	971,358	1,075,067	55.00
60.00 06000	LABORATORY	0	146,498	219,653	366,151	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	21,789	21,789	65.00
66.00 06600	PHYSICAL THERAPY	0	127,914	28,551	156,465	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,946	9,598	17,544	67.00
68.00 06800	SPEECH PATHOLOGY	0	9,411	0	9,411	68.00
69.00 06900	ELECTROCARDIOLOGY	0	152,345	223,434	375,779	69.00
69.01 06901	CATH LAB	0	161,108	546,827	707,935	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	24,684	69,202	93,886	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	20,776	20,776	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	66,289	181,289	247,578	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	18,302	18,302	90.00
91.00 09100	EMERGENCY	0	422,671	4,327	426,998	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	57,680	23,717	81,397	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	6,516,160	11,353,063	17,869,223	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,143	4,663	53,806	190.00
190.01 19001	SUICINIC	0	0	566	566	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	91,156	0	91,156	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	30,692	30,692	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,088	0	11,088	190.08
190.09 19009	SHORE	0	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	271	271	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	34	34	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
190.13 19013 ELDERLY SERVICES	0	0	676	676	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	117	190.14
190.15 19015 CORPORATE HEALTH	0	0	65,723	65,723	1,447	190.15
190.16 19016 CANCER CARE INSTITUTE	0	6,763	20,656	27,419	130	190.16
190.17 19017 INTEGRATED CENTER	0	0	2,260	2,260	193	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00 19100 RESEARCH	0	24,628	10,213	34,841	611	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	432,618	0	432,618	0	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	7,131,556	11,488,817	18,620,373	60,912	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/25/2016 3:09 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	4,758,854				5.00	
7.00	00700	OPERATION OF PLANT	225,306	895,385			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	27,340	12,883	128,871		8.00	
9.00	00900	HOUSEKEEPING	76,970	118,537	0	1,034,278	9.00	
10.00	01000	DIETARY	18,218	9,984	51	13,517	215,883	10.00
11.00	01100	CAFETERIA	38,821	50,917	0	68,933	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,894	11,262	0	15,246	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,322	31,770	0	43,012	0	14.00
15.00	01500	PHARMACY	69,671	4,791	0	6,487	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,486	7,597	0	10,284	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21,009	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34,426	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	11,932	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	304,439	173,995	41,545	235,559	153,666	30.00
31.00	03100	INTENSIVE CARE UNIT	94,715	21,831	10,581	29,556	20,890	31.00
32.00	03200	CORONARY CARE UNIT	68,711	21,270	10,561	28,796	20,534	32.00
43.00	04300	NURSERY	2,215	2,574	971	3,484	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	292,503	82,139	16,449	111,202	470	50.00
50.01	05001	ORTHO MEDICAL	4,474	2,379	708	3,221	0	50.01
51.00	05100	RECOVERY ROOM	20,881	3,993	2,242	5,406	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,184	5,076	0	6,872	0	52.00
53.00	05300	ANESTHESIOLOGY	23,690	4,161	0	5,633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	361,153	54,728	7,884	74,092	1,839	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	91,413	15,072	1,461	20,405	0	55.00
60.00	06000	LABORATORY	177,186	21,291	0	28,824	0	60.00
65.00	06500	RESPIRATORY THERAPY	24,539	0	5	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94,537	18,590	2,909	25,168	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,696	1,155	0	1,563	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,903	1,368	0	1,852	0	68.00
69.00	06900	ELECTROCARDIOLOGY	73,463	22,141	4,823	29,974	0	69.00
69.01	06901	CATH LAB	44,751	23,414	0	31,699	2,658	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,779	3,587	1,333	4,857	46	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	49,316	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	287,565	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	198,348	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,855	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	113,727	9,634	9,017	13,043	10,232	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	22,058	0	518	0	0	90.00
91.00	09100	EMERGENCY	96,664	61,427	16,088	83,162	5,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	82,516	8,383	0	11,349	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	29,149	0	79	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,335,825	805,949	127,225	913,196	215,883	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,494	7,142	0	9,669	0	190.00
190.01	19001	SUICLINIC	2,156	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,428	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	2,058	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	2,079	13,248	0	17,935	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	10,764	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	35,097	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	249	1,611	0	2,182	0	190.08
190.09	19009	SHORE	1,337	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	6	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	66,214	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	15	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	9,948	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	87,424	0	615	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	6,971	983	0	1,331	0	190.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.17	19017	INTEGRATED CENTER	14,145	0	312	0	0	190.17
190.18	19019	34B ADMINISTRATION	13,922	0	0	0	0	190.18
191.00	19100	RESEARCH	23,392	3,579	0	4,846	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,123,330	62,873	719	85,119	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)	4,758,854	895,385	128,871	1,034,278	215,883	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135		Period: From 10/01/2014 To 09/30/2015		Worksheet B Part II Date/Time Prepared: 2/25/2016 3:09 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	510,304					11.00
13.00	01300	8,787	551,558				13.00
14.00	01400	6,602	0	367,283			14.00
15.00	01500	9,286	0	2,010	134,614		15.00
16.00	01600	11,170	0	2	0	167,181	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,084	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	65,887	362,292	3,018	0	5,185	30.00
31.00	03100	18,063	99,285	1,967	0	1,702	31.00
32.00	03200	14,015	77,044	532	0	1,031	32.00
43.00	04300	0	0	795	0	131	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,106	0	208,206	397	29,605	50.00
50.01	05001	514	0	930	0	164	50.01
51.00	05100	3,787	0	109	0	1,361	51.00
52.00	05200	0	0	274	0	1,102	52.00
53.00	05300	9,755	0	2,879	0	923	53.00
54.00	05400	37,987	0	14,454	19,193	39,483	54.00
55.00	05500	6,311	0	591	21	3,647	55.00
60.00	06000	25,498	0	4,078	0	27,339	60.00
65.00	06500	5,853	0	940	0	2,417	65.00
66.00	06600	18,070	0	253	0	4,140	66.00
67.00	06700	2,271	0	140	0	2,129	67.00
68.00	06800	1,247	0	90	0	366	68.00
69.00	06900	12,027	0	328	2,688	6,965	69.00
69.01	06901	4,051	0	45,600	839	5,575	69.01
70.00	07000	4,092	0	297	0	1,628	70.00
71.00	07100	0	0	51,814	0	1,862	71.00
72.00	07200	0	0	0	0	4,392	72.00
73.00	07300	0	0	0	110,860	7,370	73.00
74.00	07400	7	33	355	0	348	74.00
75.00	07500	16,737	12,904	15,155	24	4,786	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	1,662	0	1,553	90.00
91.00	09100	19,295	0	2,787	0	10,833	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	15,531	0	534	0	830	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	4,524	0	161	592	314	116.00
118.00		353,557	551,558	359,961	134,614	167,181	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,612	0	15	0	0	190.00
190.01	19001	5,295	0	0	0	0	190.01
190.02	19002	499	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	26	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	2,714	0	0	0	0	190.06
190.07	19007	4,625	0	1	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	1,009	0	0	0	0	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	1,054	0	0	0	0	190.14
190.15	19015	13,267	0	561	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.16	19016	CANCER CARE INSTITUTE	1,355	0	0	0	0
190.17	19017	INTEGRATED CENTER	2,137	0	2	0	0
190.18	19019	34B ADMINISTRATION	0	0	0	0	0
191.00	19100	RESEARCH	5,864	0	417	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	115,290	0	6,326	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	510,304	551,558	367,283	134,614	167,181

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		21,667			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			34,426		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				14,655	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,693,213	30.00
31.00 03100	INTENSIVE CARE UNIT				565,755	31.00
32.00 03200	CORONARY CARE UNIT				415,700	32.00
43.00 04300	NURSERY				50,722	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				2,970,113	50.00
50.01 05001	ORTHO MEDICAL				48,657	50.01
51.00 05100	RECOVERY ROOM				83,650	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				57,794	52.00
53.00 05300	ANESTHESIOLOGY				253,917	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,814,470	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,215,089	55.00
60.00 06000	LABORATORY				652,892	60.00
65.00 06500	RESPIRATORY THERAPY				56,204	65.00
66.00 06600	PHYSICAL THERAPY				322,324	66.00
67.00 06700	OCCUPATIONAL THERAPY				37,844	67.00
68.00 06800	SPEECH PATHOLOGY				22,455	68.00
69.00 06900	ELECTROCARDIOLOGY				529,874	69.00
69.01 06901	CATH LAB				867,229	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY				130,033	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				102,992	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				291,957	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				316,578	73.00
74.00 07400	RENAL DIALYSIS				33,416	74.00
75.00 07500	ASC (NON-DISTINCT PART)				455,241	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC				44,107	90.00
91.00 09100	EMERGENCY				725,211	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY				202,665	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE				35,456	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	15,995,558	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				95,941	190.00
190.01 19001	SIU CLINIC				8,017	190.01
190.02 19002	WOMEN'S CENTER				2,990	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.03
190.04 19004	NON HOSPITAL PHARMACIES				2,131	190.04
190.05 19005	RENTAL PROPERTY				124,418	190.05
190.06 19006	DECATUR DIGESTIVE CENTER				13,793	190.06
190.07 19007	DMH MEDICAL EQUIPMENT				70,842	190.07
190.08 19008	PULMONARY EXTENDED CARE				15,130	190.08
190.09 19009	SHORE				1,337	190.09
190.10 19010	PHYSICIAN RECRUITMENT				277	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY				67,359	190.12
190.13 19013	ELDERLY SERVICES				691	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.14 19014 REAL ESTATE MANAGEMENT					11,119	190.14
190.15 19015 CORPORATE HEALTH					169,037	190.15
190.16 19016 CANCER CARE INSTITUTE					38,189	190.16
190.17 19017 INTEGRATED CENTER					19,049	190.17
190.18 19019 34B ADMINISTRATION					13,922	190.18
191.00 19100 RESEARCH					73,550	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					1,826,275	192.00
200.00 Cross Foot Adjustments	0	21,667	34,426	14,655	70,748	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	21,667	34,426	14,655	18,620,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet B Part II Date/Time Prepared: 2/25/2016 3:09 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
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
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	190.12
190.13	19013	ELDERLY SERVICES	0	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
190.14	19014 REAL ESTATE MANAGEMENT	0	11,119	190.14
190.15	19015 CORPORATE HEALTH	0	169,037	190.15
190.16	19016 CANCER CARE INSTITUTE	0	38,189	190.16
190.17	19017 INTEGRATED CENTER	0	19,049	190.17
190.18	19019 34B ADMINISTRATION	0	13,922	190.18
191.00	19100 RESEARCH	0	73,550	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,826,275	192.00
200.00	Cross Foot Adjustments	0	70,748	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,620,373	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	506,178				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,648,103			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	905	72,947,979		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,806	4,305,014	9,860,344	-31,314,640	5.00
7.00 00700	OPERATION OF PLANT	28,823	266,647	1,186,224	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00 00900	HOUSEKEEPING	57,891	22,266	1,413,869	0	9.00
10.00 01000	DIETARY	4,876	106,622	300,751	0	10.00
11.00 01100	CAFETERIA	24,867	0	1,533,781	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,500	365,307	1,877,255	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	13,566	709,049	0	14.00
15.00 01500	PHARMACY	2,340	7,955	1,862,228	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	21,564	1,321,396	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	787,809	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	1,311	414,798	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	84,976	144,490	9,442,330	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,662	116,006	3,027,897	0	31.00
32.00 03200	CORONARY CARE UNIT	10,388	25,306	2,262,333	0	32.00
43.00 04300	NURSERY	1,257	23,159	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,115	1,651,416	4,816,716	0	50.00
50.01 05001	ORTHO MEDICAL	1,162	20,102	83,003	0	50.01
51.00 05100	RECOVERY ROOM	1,950	18,074	683,043	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	1,179	234,850	0	52.00
53.00 05300	ANESTHESIOLOGY	2,032	180,530	222,828	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,728	1,847,798	5,456,536	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,361	984,825	1,318,402	0	55.00
60.00 06000	LABORATORY	10,398	222,698	3,024,407	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	22,091	792,138	0	65.00
66.00 06600	PHYSICAL THERAPY	9,079	28,947	2,624,978	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	564	9,731	414,697	0	67.00
68.00 06800	SPEECH PATHOLOGY	668	0	261,558	0	68.00
69.00 06900	ELECTROCARDIOLOGY	10,813	226,532	2,019,119	0	69.00
69.01 06901	CATH LAB	11,435	554,409	846,764	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	70,161	631,800	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	21,064	50,538	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,705	183,803	2,879,384	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	18,556	16,990	0	90.00
91.00 09100	EMERGENCY	30,000	4,387	2,884,641	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,094	24,046	2,544,383	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	763,386	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	462,499	11,510,467	68,570,225	-31,314,640	148,701,755
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	4,728	242,535	0	190.00
190.01 19001	SU CLINIC	0	574	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	75,648	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	56,652	0	190.04
190.05 19005	RENTAL PROPERTY	6,470	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	376,970	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	31,118	511,393	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08
190.09 19009	SHORE	0	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	275	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.12 19012 CCOP FISCAL INTERMEDIARY	0	34	122,751	0	2,951,621	190.12
190.13 19013 ELDERLY SERVICES	0	685	0	0	676	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	140,313	0	443,447	190.14
190.15 19015 CORPORATE HEALTH	0	66,634	1,733,090	0	3,897,122	190.15
190.16 19016 CANCER CARE INSTITUTE	480	20,942	155,470	0	310,738	190.16
190.17 19017 INTEGRATED CENTER	0	2,291	230,695	0	630,522	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	620,585	190.18
191.00 19100 RESEARCH	1,748	10,355	732,237	0	1,042,748	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	30,706	0	0	0	50,078,475	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)	7,131,556	11,488,817	13,770,259		31,314,640	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.089028	0.986325	0.188768		0.147613	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			60,912		4,758,854	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000835		0.022433	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	437,289				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	2,253,653			8.00	
9.00	00900	HOUSEKEEPING	57,891	0	373,106		9.00	
10.00	01000	DIETARY	4,876	899	4,876	136,380	10.00	
11.00	01100	CAFETERIA	24,867	0	24,867	0	11.00	
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00	
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	291	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,976	726,489	84,976	97,075	17,695	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	185,040	10,662	13,197	4,851	31.00
32.00	03200	CORONARY CARE UNIT	10,388	184,688	10,388	12,972	3,764	32.00
43.00	04300	NURSERY	1,257	16,986	1,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,115	287,663	40,115	297	8,354	50.00
50.01	05001	ORTHO MEDICAL	1,162	12,380	1,162	0	138	50.01
51.00	05100	RECOVERY ROOM	1,950	39,213	1,950	0	1,017	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,728	137,873	26,728	1,162	10,202	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	25,552	7,361	0	1,695	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	6,848	60.00
65.00	06500	RESPIRATORY THERAPY	0	81	0	0	1,572	65.00
66.00	06600	PHYSICAL THERAPY	9,079	50,867	9,079	0	4,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	610	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	335	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	84,351	10,813	0	3,230	69.00
69.01	06901	CATH LAB	11,435	0	11,435	1,679	1,088	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	23,306	1,752	29	1,099	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,705	157,692	4,705	6,464	4,495	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	9,059	0	0	0	90.00
91.00	09100	EMERGENCY	30,000	281,344	30,000	3,505	5,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	4,171	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	1,387	0	0	1,215	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	393,610	2,224,870	329,427	136,380	94,954	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	970	190.00
190.01	19001	SU CLINIC	0	0	0	0	1,422	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	134	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	7	190.04
190.05	19005	RENTAL PROPERTY	6,470	0	6,470	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	729	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,242	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	271	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	283	190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
190.15	19015 CORPORATE HEALTH	0	10,750	0	0	3,563	190.15
190.16	19016 CANCER CARE INSTITUTE	480	0	480	0	364	190.16
190.17	19017 INTEGRATED CENTER	0	5,458	0	0	574	190.17
190.18	19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	1,748	0	1,748	0	1,575	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	30,706	12,575	30,706	0	30,963	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)	11,526,060	1,564,511	5,463,492	1,132,520	3,005,579	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.357992	0.694211	14.643270	8.304150	21.930369	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	895,385	128,871	1,034,278	215,883	510,304	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.047582	0.057183	2.772075	1.582952	3.723461	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	561,945					13.00
14.00	01400	0	22,841,631				14.00
15.00	01500	0	125,029	10,736,371			15.00
16.00	01600	0	112	0	709,358,187		16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	369,114	187,704	0	21,972,180	0	30.00
31.00	03100	101,155	122,332	0	7,210,182	0	31.00
32.00	03200	78,495	33,097	0	4,367,350	0	32.00
43.00	04300	0	49,458	0	556,384	0	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	12,948,574	31,667	125,444,477	0	50.00
50.01	05001	0	57,864	0	693,094	0	50.01
51.00	05100	0	6,758	0	5,765,856	0	51.00
52.00	05200	0	17,063	0	4,669,603	0	52.00
53.00	05300	0	179,065	0	3,909,444	0	53.00
54.00	05400	0	898,880	1,530,782	168,272,080	0	54.00
55.00	05500	0	36,756	1,708	15,452,102	0	55.00
60.00	06000	0	253,603	0	115,843,548	0	60.00
65.00	06500	0	58,440	0	10,239,626	0	65.00
66.00	06600	0	15,745	0	17,542,295	0	66.00
67.00	06700	0	8,732	0	9,020,821	0	67.00
68.00	06800	0	5,581	0	1,552,810	0	68.00
69.00	06900	0	20,405	214,380	29,514,394	0	69.00
69.01	06901	0	2,835,846	66,912	23,624,342	0	69.01
70.00	07000	0	18,463	0	6,899,536	0	70.00
71.00	07100	0	3,222,254	0	7,889,619	0	71.00
72.00	07200	0	0	0	18,611,148	0	72.00
73.00	07300	0	0	8,841,776	31,227,847	0	73.00
74.00	07400	34	22,070	0	1,472,726	0	74.00
75.00	07500	13,147	942,466	1,927	20,279,062	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	103,346	0	6,580,641	0	90.00
91.00	09100	0	173,330	0	45,903,032	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	33,236	0	3,515,090	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	9,993	47,219	1,328,898	0	116.00
118.00		561,945	22,386,202	10,736,371	709,358,187	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	955	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	62	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	0	8	0	0	0	190.12
190.13	19013	0	0	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.14	19014 REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015 CORPORATE HEALTH	0	34,905	0	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	0	0	0	0	0	190.16
190.17	19017 INTEGRATED CENTER	0	141	0	0	0	190.17
190.18	19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	0	25,939	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	393,419	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)	4,210,931	3,402,863	3,733,445	3,465,717	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.493493	0.148976	0.347738	0.004886	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	551,558	367,283	134,614	167,181	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.981516	0.016080	0.012538	0.000236	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
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
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SIU CLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09 19009	SHORE	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0		190.12
190.13 19013 ELDERLY SERVICES	0	0	0		190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0		190.14
190.15 19015 CORPORATE HEALTH	0	0	0		190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0		190.16
190.17 19017 INTEGRATED CENTER	0	0	0		190.17
190.18 19019 34B ADMINISTRATION	0	0	0		190.18
191.00 19100 RESEARCH	0	0	0		191.00
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)	1,074,765	1,761,120	616,815		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10,747.650000	17,611.200000	6,168.150000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	21,667	34,426	14,655		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	216.670000	344.260000	146.550000		205.00

Provider CCN: 140135

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

Worksheet B-2

Date/Time Prepared:
 2/25/2016 3:09 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR NURSING/CRNA TUITION REC'D		1 53.00	-351,623	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

		Title XVII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,658,218		23,658,218	89,671	23,747,889	30.00
31.00	03100	INTENSIVE CARE UNIT	6,438,406		6,438,406	3,541	6,441,947	31.00
32.00	03200	CORONARY CARE UNIT	4,873,950		4,873,950	37,812	4,911,762	32.00
43.00	04300	NURSERY	186,740		186,740	0	186,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,546,769		19,546,769	123,869	19,670,638	50.00
50.01	05001	ORTHO MEDICAL	300,133		300,133	0	300,133	50.01
51.00	05100	RECOVERY ROOM	1,226,870		1,226,870	0	1,226,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	545,671		545,671	0	545,671	52.00
53.00	05300	ANESTHESIOLOGY	1,663,679		1,663,679	0	1,663,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,388,825		21,388,825	0	21,388,825	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,114,719		5,114,719	2,187	5,116,906	55.00
60.00	06000	LABORATORY	10,244,691		10,244,691	0	10,244,691	60.00
65.00	06500	RESPIRATORY THERAPY	1,348,637	0	1,348,637	0	1,348,637	65.00
66.00	06600	PHYSICAL THERAPY	5,438,321	0	5,438,321	0	5,438,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	731,351	0	731,351	0	731,351	67.00
68.00	06800	SPEECH PATHOLOGY	447,465	0	447,465	0	447,465	68.00
69.00	06900	ELECTROCARDIOLOGY	4,552,720		4,552,720	0	4,552,720	69.00
69.01	06901	CATH LAB	3,357,150		3,357,150	12,853	3,370,003	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160,669		1,160,669	11,324	1,171,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,041,481		3,041,481	0	3,041,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,801,996		14,801,996	0	14,801,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,374,138		13,374,138	0	13,374,138	73.00
74.00	07400	RENAL DIALYSIS	617,253		617,253	22,548	639,801	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,611,297		6,611,297	0	6,611,297	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,182,264		1,182,264	12,338	1,194,602	90.00
91.00	09100	EMERGENCY	6,763,257		6,763,257	19,484	6,782,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,372,376		4,372,376	0	4,372,376	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,502,769		4,502,769	0	4,502,769	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,543,195		1,543,195	0	1,543,195	116.00
200.00		Subtotal (see instructions)	169,035,010	0	169,035,010	335,627	169,370,637	200.00
201.00		Less Observation Beds	4,372,376		4,372,376	0	4,372,376	201.00
202.00		Total (see instructions)	164,662,634	0	164,662,634	335,627	164,998,261	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,817,537		16,817,537		30.00
31.00	03100	INTENSIVE CARE UNIT	7,210,182		7,210,182		31.00
32.00	03200	CORONARY CARE UNIT	4,367,350		4,367,350		32.00
43.00	04300	NURSERY	556,384		556,384		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,166,788	78,277,689	125,444,477	0.155820	50.00
50.01	05001	ORTHO MEDICAL	71,271	621,823	693,094	0.433034	50.01
51.00	05100	RECOVERY ROOM	2,024,127	3,741,729	5,765,856	0.212782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,582,595	1,087,008	4,669,603	0.116856	52.00
53.00	05300	ANESTHESIOLOGY	1,407,082	2,502,362	3,909,444	0.425554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,702,660	133,569,420	168,272,080	0.127109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	292,376	15,159,726	15,452,102	0.331005	55.00
60.00	06000	LABORATORY	43,041,576	72,801,972	115,843,548	0.088436	60.00
65.00	06500	RESPIRATORY THERAPY	9,597,874	641,752	10,239,626	0.131708	65.00
66.00	06600	PHYSICAL THERAPY	3,582,790	13,959,505	17,542,295	0.310012	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,872,151	7,148,670	9,020,821	0.081074	67.00
68.00	06800	SPEECH PATHOLOGY	457,537	1,095,273	1,552,810	0.288165	68.00
69.00	06900	ELECTROCARDIOLOGY	8,044,475	21,469,919	29,514,394	0.154254	69.00
69.01	06901	CATH LAB	10,356,869	13,267,473	23,624,342	0.142106	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	566,681	6,332,855	6,899,536	0.168224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,120,327	3,769,292	7,889,619	0.385504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,679,889	6,931,259	18,611,148	0.795330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,385,069	13,842,778	31,227,847	0.428276	73.00
74.00	07400	RENAL DIALYSIS	1,201,645	271,081	1,472,726	0.419123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	231,451	20,047,611	20,279,062	0.326016	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	192,776	6,387,865	6,580,641	0.179658	90.00
91.00	09100	EMERGENCY	10,366,896	35,536,136	45,903,032	0.147338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	615,718	4,538,925	5,154,643	0.848240	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,515,090	3,515,090		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,328,898	1,328,898		116.00
200.00		Subtotal (see instructions)	241,512,076	467,846,111	709,358,187		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	241,512,076	467,846,111	709,358,187		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
32.00	03200 CORONARY CARE UNIT		32.00
43.00	04300 NURSERY		43.00
44.00	04400 SKILLED NURSING FACILITY		44.00
46.00	04600 OTHER LONG TERM CARE		46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.156808	50.00
50.01	05001 ORTHO MEDICAL	0.433034	50.01
51.00	05100 RECOVERY ROOM	0.212782	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.116856	52.00
53.00	05300 ANESTHESIOLOGY	0.425554	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.127109	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.331146	55.00
60.00	06000 LABORATORY	0.088436	60.00
65.00	06500 RESPIRATORY THERAPY	0.131708	65.00
66.00	06600 PHYSICAL THERAPY	0.310012	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.081074	67.00
68.00	06800 SPEECH PATHOLOGY	0.288165	68.00
69.00	06900 ELECTROCARDIOLOGY	0.154254	69.00
69.01	06901 CATH LAB	0.142650	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.169865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.385504	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.795330	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.428276	73.00
74.00	07400 RENAL DIALYSIS	0.434433	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.326016	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.181533	90.00
91.00	09100 EMERGENCY	0.147762	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.848240	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,658,218		23,658,218	89,671	23,747,889	30.00
31.00	03100	INTENSIVE CARE UNIT	6,438,406		6,438,406	3,541	6,441,947	31.00
32.00	03200	CORONARY CARE UNIT	4,873,950		4,873,950	37,812	4,911,762	32.00
43.00	04300	NURSERY	186,740		186,740	0	186,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,546,769		19,546,769	123,869	19,670,638	50.00
50.01	05001	ORTHO MEDICAL	300,133		300,133	0	300,133	50.01
51.00	05100	RECOVERY ROOM	1,226,870		1,226,870	0	1,226,870	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	545,671		545,671	0	545,671	52.00
53.00	05300	ANESTHESIOLOGY	1,663,679		1,663,679	0	1,663,679	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,388,825		21,388,825	0	21,388,825	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,114,719		5,114,719	2,187	5,116,906	55.00
60.00	06000	LABORATORY	10,244,691		10,244,691	0	10,244,691	60.00
65.00	06500	RESPIRATORY THERAPY	1,348,637	0	1,348,637	0	1,348,637	65.00
66.00	06600	PHYSICAL THERAPY	5,438,321	0	5,438,321	0	5,438,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	731,351	0	731,351	0	731,351	67.00
68.00	06800	SPEECH PATHOLOGY	447,465	0	447,465	0	447,465	68.00
69.00	06900	ELECTROCARDIOLOGY	4,552,720		4,552,720	0	4,552,720	69.00
69.01	06901	CATH LAB	3,357,150		3,357,150	12,853	3,370,003	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,160,669		1,160,669	11,324	1,171,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,041,481		3,041,481	0	3,041,481	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,801,996		14,801,996	0	14,801,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,374,138		13,374,138	0	13,374,138	73.00
74.00	07400	RENAL DIALYSIS	617,253		617,253	22,548	639,801	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,611,297		6,611,297	0	6,611,297	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,182,264		1,182,264	12,338	1,194,602	90.00
91.00	09100	EMERGENCY	6,763,257		6,763,257	19,484	6,782,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,372,376		4,372,376	0	4,372,376	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,502,769		4,502,769	0	4,502,769	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,543,195		1,543,195	0	1,543,195	116.00
200.00		Subtotal (see instructions)	169,035,010	0	169,035,010	335,627	169,370,637	200.00
201.00		Less Observation Beds	4,372,376		4,372,376	0	4,372,376	201.00
202.00		Total (see instructions)	164,662,634	0	164,662,634	335,627	164,998,261	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,817,537		16,817,537		30.00
31.00	03100	INTENSIVE CARE UNIT	7,210,182		7,210,182		31.00
32.00	03200	CORONARY CARE UNIT	4,367,350		4,367,350		32.00
43.00	04300	NURSERY	556,384		556,384		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,166,788	78,277,689	125,444,477	0.155820	50.00
50.01	05001	ORTHO MEDICAL	71,271	621,823	693,094	0.433034	50.01
51.00	05100	RECOVERY ROOM	2,024,127	3,741,729	5,765,856	0.212782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,582,595	1,087,008	4,669,603	0.116856	52.00
53.00	05300	ANESTHESIOLOGY	1,407,082	2,502,362	3,909,444	0.425554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,702,660	133,569,420	168,272,080	0.127109	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	292,376	15,159,726	15,452,102	0.331005	55.00
60.00	06000	LABORATORY	43,041,576	72,801,972	115,843,548	0.088436	60.00
65.00	06500	RESPIRATORY THERAPY	9,597,874	641,752	10,239,626	0.131708	65.00
66.00	06600	PHYSICAL THERAPY	3,582,790	13,959,505	17,542,295	0.310012	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,872,151	7,148,670	9,020,821	0.081074	67.00
68.00	06800	SPEECH PATHOLOGY	457,537	1,095,273	1,552,810	0.288165	68.00
69.00	06900	ELECTROCARDIOLOGY	8,044,475	21,469,919	29,514,394	0.154254	69.00
69.01	06901	CATH LAB	10,356,869	13,267,473	23,624,342	0.142106	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	566,681	6,332,855	6,899,536	0.168224	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,120,327	3,769,292	7,889,619	0.385504	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,679,889	6,931,259	18,611,148	0.795330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,385,069	13,842,778	31,227,847	0.428276	73.00
74.00	07400	RENAL DIALYSIS	1,201,645	271,081	1,472,726	0.419123	74.00
75.00	07500	ASC (NON-DISTINCT PART)	231,451	20,047,611	20,279,062	0.326016	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	192,776	6,387,865	6,580,641	0.179658	90.00
91.00	09100	EMERGENCY	10,366,896	35,536,136	45,903,032	0.147338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	615,718	4,538,925	5,154,643	0.848240	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,515,090	3,515,090		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,328,898	1,328,898		116.00
200.00		Subtotal (see instructions)	241,512,076	467,846,111	709,358,187		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	241,512,076	467,846,111	709,358,187		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet C Part I Date/Time Prepared: 2/25/2016 3:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ORTHO MEDICAL	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
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
69.01	06901 CATH LAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part I Date/Time Prepared: 2/25/2016 3:09 pm
		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	2,693,213	0	2,693,213	34,098	78.98	30.00
31.00	INTENSIVE CARE UNIT	565,755		565,755	5,411	104.56	31.00
32.00	CORONARY CARE UNIT	415,700		415,700	3,571	116.41	32.00
43.00	NURSERY	50,722		50,722	1,818	27.90	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	3,725,390		3,725,390	44,898		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	14,656	1,157,531				
31.00	INTENSIVE CARE UNIT	2,916	304,897				
32.00	CORONARY CARE UNIT	1,990	231,656				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	19,562	1,694,084				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part II Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,970,113	125,444,477	0.023677	25,125,141	594,888	50.00
50.01	05001 ORTHO MEDICAL	48,657	693,094	0.070203	40,580	2,849	50.01
51.00	05100 RECOVERY ROOM	83,650	5,765,856	0.014508	1,138,798	16,522	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	57,794	4,669,603	0.012377	427,805	5,295	52.00
53.00	05300 ANESTHESIOLOGY	253,917	3,909,444	0.064950	687,911	44,680	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,814,470	168,272,080	0.016726	21,175,312	354,178	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,215,089	15,452,102	0.078636	0	0	55.00
60.00	06000 LABORATORY	652,892	115,843,548	0.005636	24,543,208	138,326	60.00
65.00	06500 RESPIRATORY THERAPY	56,204	10,239,626	0.005489	5,525,733	30,331	65.00
66.00	06600 PHYSICAL THERAPY	322,324	17,542,295	0.018374	2,289,901	42,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	37,844	9,020,821	0.004195	1,224,255	5,136	67.00
68.00	06800 SPEECH PATHOLOGY	22,455	1,552,810	0.014461	312,749	4,523	68.00
69.00	06900 ELECTROCARDIOLOGY	529,874	29,514,394	0.017953	5,205,113	93,447	69.00
69.01	06901 CATH LAB	867,229	23,624,342	0.036709	5,848,374	214,688	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	130,033	6,899,536	0.018847	324,170	6,110	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	102,992	7,889,619	0.013054	3,090,699	40,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	291,957	18,611,148	0.015687	5,924,941	92,945	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316,578	31,227,847	0.010138	8,993,649	91,178	73.00
74.00	07400 RENAL DIALYSIS	33,416	1,472,726	0.022690	848,211	19,246	74.00
75.00	07500 ASC (NON-DISTINCT PART)	455,241	20,279,062	0.022449	56,752	1,274	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	44,107	6,580,641	0.006703	64,048	429	90.00
91.00	09100 EMERGENCY	725,211	45,903,032	0.015799	6,196,388	97,897	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	495,867	5,154,643	0.096198	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50-199)	12,527,914	675,562,746		119,043,738	1,896,363	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140135		Period: From 10/01/2014 To 09/30/2015		Worksheet D Part III Date/Time Prepared: 2/25/2016 3:09 pm	
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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,098	0.00	14,656	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,411	0.00	2,916	0		31.00
32.00	03200	CORONARY CARE UNIT	3,571	0.00	1,990	0		32.00
43.00	04300	NURSERY	1,818	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	44,898		19,562	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	265,192	0	265,192	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
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
69.01	06901	CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	265,192	0	265,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	125,444,477	0.000000	0.000000	25,125,141	50.00
50.01	05001	ORTHO MEDICAL	0	693,094	0.000000	0.000000	40,580	50.01
51.00	05100	RECOVERY ROOM	0	5,765,856	0.000000	0.000000	1,138,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,669,603	0.000000	0.000000	427,805	52.00
53.00	05300	ANESTHESIOLOGY	265,192	3,909,444	0.067834	0.067834	687,911	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	168,272,080	0.000000	0.000000	21,175,312	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,452,102	0.000000	0.000000	0	55.00
60.00	06000	LABORATORY	0	115,843,548	0.000000	0.000000	24,543,208	60.00
65.00	06500	RESPIRATORY THERAPY	0	10,239,626	0.000000	0.000000	5,525,733	65.00
66.00	06600	PHYSICAL THERAPY	0	17,542,295	0.000000	0.000000	2,289,901	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,020,821	0.000000	0.000000	1,224,255	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,552,810	0.000000	0.000000	312,749	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,514,394	0.000000	0.000000	5,205,113	69.00
69.01	06901	CATH LAB	0	23,624,342	0.000000	0.000000	5,848,374	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,899,536	0.000000	0.000000	324,170	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,889,619	0.000000	0.000000	3,090,699	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	18,611,148	0.000000	0.000000	5,924,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,227,847	0.000000	0.000000	8,993,649	73.00
74.00	07400	RENAL DIALYSIS	0	1,472,726	0.000000	0.000000	848,211	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	20,279,062	0.000000	0.000000	56,752	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,580,641	0.000000	0.000000	64,048	90.00
91.00	09100	EMERGENCY	0	45,903,032	0.000000	0.000000	6,196,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,154,643	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	265,192	675,562,746			119,043,738	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part IV Date/Time Prepared: 2/25/2016 3:09 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	21,682,768	0	50.00
50.01	05001 ORTHO MEDICAL	0	126,444	0	50.01
51.00	05100 RECOVERY ROOM	0	1,022,363	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,490	0	52.00
53.00	05300 ANESTHESIOLOGY	46,664	660,603	44,811	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	46,634,055	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,992,010	0	55.00
60.00	06000 LABORATORY	0	9,298,353	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	161,291	0	65.00
66.00	06600 PHYSICAL THERAPY	0	20,347	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	22,523	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,826	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,605,856	0	69.00
69.01	06901 CATH LAB	0	6,635,110	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,063,722	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,544,462	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,252,701	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,044,866	0	73.00
74.00	07400 RENAL DIALYSIS	0	145,700	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	8,186,258	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	3,459,677	0	90.00
91.00	09100 EMERGENCY	0	7,142,892	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,307,856	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	46,664	137,028,173	44,811	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140135

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

Worksheet D
Part V
Date/Time Prepared:
2/25/2016 3:09 pm

		Title XVIII		Hospital		PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.155820	21,682,768	0	0	3,378,609	50.00
50.01	05001	ORTHO MEDICAL	0.433034	126,444	0	0	54,755	50.01
51.00	05100	RECOVERY ROOM	0.212782	1,022,363	0	0	217,540	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.116856	14,490	0	0	1,693	52.00
53.00	05300	ANESTHESIOLOGY	0.425554	660,603	0	0	281,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127109	46,634,055	0	0	5,927,608	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.331005	8,992,010	0	0	2,976,400	55.00
60.00	06000	LABORATORY	0.088436	9,298,353	1,400	0	822,309	60.00
65.00	06500	RESPIRATORY THERAPY	0.131708	161,291	0	0	21,243	65.00
66.00	06600	PHYSICAL THERAPY	0.310012	20,347	0	0	6,308	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.081074	22,523	0	0	1,826	67.00
68.00	06800	SPEECH PATHOLOGY	0.288165	3,826	0	0	1,103	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154254	8,605,856	0	0	1,327,488	69.00
69.01	06901	CATH LAB	0.142106	6,635,110	0	0	942,889	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.168224	2,063,722	0	0	347,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385504	1,544,462	0	0	595,396	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.795330	3,252,701	0	0	2,586,971	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.428276	6,044,866	0	15,519	2,588,871	73.00
74.00	07400	RENAL DIALYSIS	0.419123	145,700	0	0	61,066	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.326016	8,186,258	0	0	2,668,851	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.179658	3,459,677	0	0	621,559	90.00
91.00	09100	EMERGENCY	0.147338	7,142,892	4,373	0	1,052,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.848240	1,307,856	0	0	1,109,376	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		137,028,173	5,773	15,519	27,592,570	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		137,028,173	5,773	15,519	27,592,570	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D Part V Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
60.00	06000 LABORATORY	124	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CATH LAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,646	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	644	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	768	6,646	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	768	6,646	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/25/2016 3:09 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,098	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,098	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)		27,820	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)		14,656	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,747,889	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)		23,747,889	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,747,889	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		696.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,207,318	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)		10,207,318	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/25/2016 3:09 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,441,947	5,411	1,190.53	2,916	3,471,585		43.00
44.00 CORONARY CARE UNIT	4,911,762	3,571	1,375.46	1,990	2,737,165		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)					23,793,562		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,209,630		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)					1,694,084		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,943,027		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,637,111		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,572,519		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)					6,278		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					696.46		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,372,376		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2014 To 09/30/2015		Worksheet D-1 Date/Time Prepared: 2/25/2016 3:09 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,693,213	23,747,889	0.113409	4,372,376	495,867	90.00
91.00	Nursing School cost	0	23,747,889	0.000000	4,372,376	0	91.00
92.00	Allied health cost	0	23,747,889	0.000000	4,372,376	0	92.00
93.00	All other Medical Education	0	23,747,889	0.000000	4,372,376	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet D-3 Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT	7,717,485		31.00
32.00	03200	CORONARY CARE UNIT	4,009,365		32.00
43.00	04300	NURSERY	2,295,000		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.156808	25,125,141	3,939,823 50.00
50.01	05001	ORTHO MEDICAL	0.433034	40,580	17,573 50.01
51.00	05100	RECOVERY ROOM	0.212782	1,138,798	242,316 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.116856	427,805	49,992 52.00
53.00	05300	ANESTHESIOLOGY	0.425554	687,911	292,743 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.127109	21,175,312	2,691,573 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.331146	0	0 55.00
60.00	06000	LABORATORY	0.088436	24,543,208	2,170,503 60.00
65.00	06500	RESPIRATORY THERAPY	0.131708	5,525,733	727,783 65.00
66.00	06600	PHYSICAL THERAPY	0.310012	2,289,901	709,897 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.081074	1,224,255	99,255 67.00
68.00	06800	SPEECH PATHOLOGY	0.288165	312,749	90,123 68.00
69.00	06900	ELECTROCARDIOLOGY	0.154254	5,205,113	802,910 69.00
69.01	06901	CATH LAB	0.142650	5,848,374	834,271 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.169865	324,170	55,065 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.385504	3,090,699	1,191,477 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.795330	5,924,941	4,712,283 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.428276	8,993,649	3,851,764 73.00
74.00	07400	RENAL DIALYSIS	0.434433	848,211	368,491 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.326016	56,752	18,502 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.181533	64,048	11,627 90.00
91.00	09100	EMERGENCY	0.147762	6,196,388	915,591 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.848240	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50-94 and 96-98)		119,043,738	23,793,562 200.00
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)		119,043,738	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/25/2016 3:09 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		34,949,834		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)		67,840		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		6,648,541		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		188.80		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		5.81		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)		5.81		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.50		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		5.81		12.00
13.00	Total allowable FTE count for the prior year.		5.81		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.		5.81		14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81		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		5.81		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.030773		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.025049		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.025049		21.00
22.00	IME payment adjustment (see instructions)		475,143		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		90,387		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		7.20		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		7.69		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)		7.20		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.038136		26.00
27.00	IME payments adjustment factor. (see instructions)		0.010080		27.00
28.00	IME add-on adjustment amount (see instructions)		352,294		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		67,017		28.01
29.00	Total IME payment (sum of lines 22 and 28)		827,437		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/25/2016 3:09 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		157,404		29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.99		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.32		31.00
32.00	Sum of lines 30 and 31		24.31		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.27		33.00
34.00	Disproportionate share adjustment (see instructions)		809,963		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		35.00
35.01	Factor 3 (see instructions)		0.00000000		35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,911,459		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		38,566,533		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)		38,723,937		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,018,720		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).		422,817		52.00
53.00	Nursing and Allied Health Managed Care payment		9,251		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)		46,664		58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,221,389		59.00
60.00	Primary payer payments		51,966		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,169,423		61.00
62.00	Deductibles billed to program beneficiaries		3,973,412		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/25/2016 3:09 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		67,864		63.00
64.00	Allowable bad debts (see instructions)		736,268		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		478,574		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		531,651		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,606,721		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)		66,104		70.93
70.94	HRR adjustment amount (see instructions)		0		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)		420,153		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,252,672		71.00
71.01	Sequestration adjustment (see instructions)		765,053		71.01
72.00	Interim payments		37,181,727		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)		305,892		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part A Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
	HSP Bonus Payment Amount	1.00	1.01	2.00
100.00	HSP bonus amount (see instructions)			0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)			0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)			0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E Part B Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,414	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,547,759	2.00
3.00	PPS payments		26,751,884	3.00
4.00	Outlier payment (see instructions)		4,315	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		44,811	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,414	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		21,292	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)		21,292	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		21,292	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,878	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)		7,414	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)		26,801,010	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		313	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,708,083	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)		21,100,028	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		290,499	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)		21,390,527	30.00
31.00	Primary payer payments		9,440	31.00
32.00	Subtotal (line 30 minus line 31)		21,381,087	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		966,166	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		628,008	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		715,876	36.00
37.00	Subtotal (see instructions)		22,009,095	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)		22,009,095	40.00
40.01	Sequestration adjustment (see instructions)		440,182	40.01
41.00	Interim payments		21,811,702	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-242,789	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

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

Worksheet E-1
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		37,047,499		21,752,440	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	04/30/2015	134,228	04/30/2015	59,262	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)		134,228		59,262	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)		37,181,727		21,811,702	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		305,892		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		242,789	6.02
7.00	Total Medicare program liability (see instructions)		37,487,619		21,568,913	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: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E-1 Part II Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		10,342	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		19,562	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		4,190	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		36,802	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		709,358,187	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		7,938,837	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)		626,364	8.00
9.00	Sequestration adjustment amount (see instructions)		12,527	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		613,837	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		613,837	32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/25/2016 3:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.50	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	13.50	0.00	13.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.19	0.00	7.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.17	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.18	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	7.18	0.00		17.00
18.00	Per resident amount	81,285.69	0.00		18.00
19.00	Approved amount for resident costs	583,631	0	583,631	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)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.31	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.82	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,630.23	23.00
24.00	Multiply line 22 time line 23			556,568	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,140,199	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	19,562	4,190		26.00
27.00	Total Inpatient Days (see instructions)	37,020	37,020		27.00
28.00	Ratio of inpatient days to total inpatient days	0.528417	0.113182		28.00
29.00	Program direct GME amount	602,501	129,050		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		18,235		30.00
31.00	Net Program direct GME amount			713,316	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet E-4 Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,472,726	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		40,209,630	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)		51,966	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		40,157,664	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		27,599,984	42.00
43.00	Primary payer payments (see instructions)		9,440	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,590,544	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		67,748,208	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.592749	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.407251	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		713,316	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		422,817	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		290,499	50.00

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

Provider CCN: 140135

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

Worksheet G

Date/Time Prepared:
2/25/2016 3:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,930,954	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	0	0	0	0	4.00
5.00	Other receivable	34,786,182	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,332,710	0	0	0	7.00
8.00	Prepaid expenses	4,211,720	0	0	0	8.00
9.00	Other current assets	678,405	0	0	0	9.00
10.00	Due from other funds	42,817	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	54,982,788	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,309,245	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	0	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	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)	111,309,245	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	76,857,686	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	109,810,765	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	186,668,451	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	352,960,484	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,285,632	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,880,745	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,836,000	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	19,133,198	0	0	0	43.00
44.00	Other current liabilities	1,006,527	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,142,102	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	18,996,641	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,095,531	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	36,092,172	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	77,234,274	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	275,726,210				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)	275,726,210	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	352,960,484	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

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

Worksheet G-1

Date/Time Prepared:
2/25/2016 3:09 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		290,925,310		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,419,877			2.00
3.00	Total (sum of line 1 and line 2)		287,505,433		0	3.00
4.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		287,505,433		0	11.00
12.00	DEDUCTIONS	11,779,223		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)		11,779,223		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		275,726,210		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			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		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: 140135

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	21,022,299		21,022,299	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,022,299		21,022,299	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,420,405		7,420,405	11.00
12.00	CORONARY CARE UNIT	5,685,999		5,685,999	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)	13,106,404		13,106,404	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,128,703		34,128,703	17.00
18.00	Ancillary services	203,964,394	425,274,664	629,239,058	18.00
19.00	Outpatient services	10,658,362	42,324,051	52,982,413	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		3,515,090	3,515,090	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,328,898	1,328,898	26.00
27.00	NON-REIMBURSABLE	5,118,466	84,647,025	89,765,491	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	253,869,925	557,089,728	810,959,653	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		270,497,615		29.00
30.00	NET ASSETS RELEASED FROM RESTRICTION	196,556			30.00
31.00	NORV-GAIN/LOSS-CAPITAL EQUIPMENT	276,390			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)		472,946		36.00
37.00	RESTRICTED DISBURSEMENTS - OTHER REV	-69			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)		-69		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		270,970,630		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140135

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

Worksheet G-3

Date/Time Prepared:
2/25/2016 3:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	810,959,653	1.00
2.00	Less contractual allowances and discounts on patients' accounts	552,277,435	2.00
3.00	Net patient revenues (line 1 minus line 2)	258,682,218	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	270,970,630	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,288,412	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,888,810	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	15,477,038	24.00
24.01	TRUST DISTRIBUTION	939,340	24.01
24.02	NET ASSETS RELEASED	196,556	24.02
24.03	GAIN ON EARNINGS OF INVESTMENT	328,102	24.03
25.00	Total other income (sum of lines 6-24)	19,829,846	25.00
26.00	Total (line 5 plus line 25)	7,541,434	26.00
27.00	BAD DEBTS	10,961,311	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	10,961,311	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,419,877	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135

Period: From 10/01/2014

Worksheet H

HHA CCN: 147206

To 09/30/2015

Date/Time Prepared: 2/25/2016 3:09 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		326	326	1.00
2.00			0		24,046	24,046	2.00
3.00	0	0	0	0	77,623	77,623	3.00
4.00	0	0	139,485	0	0	139,485	4.00
5.00	486,834	190,330	0	58,196	74,139	809,499	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,243,560	0	0	0	0	1,243,560	6.00
7.00	364,425	0	0	0	0	364,425	7.00
8.00	171,434	0	0	0	0	171,434	8.00
9.00	77,948	0	0	0	0	77,948	9.00
10.00	108,325	0	0	0	0	108,325	10.00
11.00	91,857	0	0	0	0	91,857	11.00
12.00	0	0	0	0	33,236	33,236	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,544,383	190,330	139,485	58,196	209,370	3,141,764	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	-326	0	0	0			1.00
2.00	-24,046	0	0	0			2.00
3.00	0	77,623	0	77,623			3.00
4.00	0	139,485	0	139,485			4.00
5.00	0	809,499	-747	808,752			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,243,560	0	1,243,560			6.00
7.00	0	364,425	0	364,425			7.00
8.00	0	171,434	0	171,434			8.00
9.00	0	77,948	0	77,948			9.00
10.00	0	108,325	0	108,325			10.00
11.00	0	91,857	0	91,857			11.00
12.00	0	33,236	0	33,236			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-24,372	3,117,392	-747	3,116,645			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet H-1 Part I Date/Time Prepared: 2/25/2016 3:09 pm
		HHA CCN: 147206	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	77,623	0	0	77,623	0	3.00
4.00	Transportation	139,485	0	0	77,623	217,108	4.00
5.00	Administrative and General	808,752	0	0	0	217,108	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,243,560	0	0	0	0	6.00
7.00	Physical Therapy	364,425	0	0	0	0	7.00
8.00	Occupational Therapy	171,434	0	0	0	0	8.00
9.00	Speech Pathology	77,948	0	0	0	0	9.00
10.00	Medical Social Services	108,325	0	0	0	0	10.00
11.00	Home Health Aide	91,857	0	0	0	0	11.00
12.00	Supplies (see instructions)	33,236	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,116,645	0	0	77,623	217,108	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,025,860					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	610,162	1,853,722				6.00
7.00	Physical Therapy	178,808	543,233				7.00
8.00	Occupational Therapy	84,115	255,549				8.00
9.00	Speech Pathology	38,246	116,194				9.00
10.00	Medical Social Services	53,151	161,476				10.00
11.00	Home Health Aide	45,070	136,927				11.00
12.00	Supplies (see instructions)	16,308	49,544				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		3,116,645				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2014 To 09/30/2015	Worksheet H-1 Part II Date/Time Prepared: 2/25/2016 3:09 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	77,623	0		3.00
4.00	Transportation (see instructions)	0	0	77,623	139,485		4.00
5.00	Administrative and General	0	0	0	139,485	-1,025,860	2,090,785
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,243,560
7.00	Physical Therapy	0	0	0	0	0	364,425
8.00	Occupational Therapy	0	0	0	0	0	171,434
9.00	Speech Pathology	0	0	0	0	0	77,948
10.00	Medical Social Services	0	0	0	0	0	108,325
11.00	Home Health Aide	0	0	0	0	0	91,857
12.00	Supplies (see instructions)	0	0	0	0	0	33,236
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	77,623	139,485	-1,025,860	2,090,785
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	77,623	217,108		1,025,860
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.556497		0.490658

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Home Health
Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	57,680	23,717	480,298	561,695	82,913	1.00
2.00 Skilled Nursing Care	1,853,722	0	0	0	1,853,722	273,635	2.00
3.00 Physical Therapy	543,233	0	0	0	543,233	80,188	3.00
4.00 Occupational Therapy	255,549	0	0	0	255,549	37,722	4.00
5.00 Speech Pathology	116,194	0	0	0	116,194	17,152	5.00
6.00 Medical Social Services	161,476	0	0	0	161,476	23,836	6.00
7.00 Home Health Aide	136,927	0	0	0	136,927	20,212	7.00
8.00 Supplies (see instructions)	49,544	0	0	0	49,544	7,313	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,116,645	57,680	23,717	480,298	3,678,340	542,971	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	107,910	0	59,950	0	91,472	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	107,910	0	59,950	0	91,472	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	19.00	21.00	22.00		
1.00 Administrative and General	4,951	0	17,175	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,951	0	17,175	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	926,066	0	926,066	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,127,357	0	2,127,357	550,807	2,678,164	0	2.00
3.00 Physical Therapy	0	623,421	0	623,421	161,414	784,835	0	3.00
4.00 Occupational Therapy	0	293,271	0	293,271	75,933	369,204	0	4.00
5.00 Speech Pathology	0	133,346	0	133,346	34,525	167,871	0	5.00
6.00 Medical Social Services	0	185,312	0	185,312	47,980	233,292	0	6.00
7.00 Home Health Aide	0	157,139	0	157,139	40,686	197,825	0	7.00
8.00 Supplies (see instructions)	0	56,857	0	56,857	14,721	71,578	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	4,502,769	0	4,502,769	926,066	4,502,769	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.258916			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,094	24,046	2,544,383	0	561,695	4,094	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,853,722	0	2.00
3.00 Physical Therapy	0	0	0	0	543,233	0	3.00
4.00 Occupational Therapy	0	0	0	0	255,549	0	4.00
5.00 Speech Pathology	0	0	0	0	116,194	0	5.00
6.00 Medical Social Services	0	0	0	0	161,476	0	6.00
7.00 Home Health Aide	0	0	0	0	136,927	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	49,544	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,094	24,046	2,544,383		3,678,340	4,094	20.00
21.00 Total cost to be allocated	57,680	23,717	480,298		542,971	107,910	21.00
22.00 Unit cost multiplier	14.088911	0.986318	0.188768		0.147613	26.358085	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	4,094	0	4,171	0	33,236	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	4,094	0	4,171	0	33,236	20.00
21.00 Total cost to be allocated	0	59,950	0	91,472	0	4,951	21.00
22.00 Unit cost multiplier	0.000000	14.643381	0.000000	21.930472	0.000000	0.148965	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part II
Date/Time Prepared:
2/25/2016 3:09 pm
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
				SERVICES-SALARIES & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
				15.00	16.00		
1.00 Administrative and General	0	3,515,090	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,515,090	0	0	0	0	20.00
21.00 Total cost to be allocated	0	17,175	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.004886	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2014 To 09/30/2015	Worksheet H-3 Part I Date/Time Prepared: 2/25/2016 3:09 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,678,164		2,678,164	13,564	197.45	1.00
2.00	Physical Therapy	3.00	784,835	34,833	819,668	6,391	128.25	2.00
3.00	Occupational Therapy	4.00	369,204	1,137	370,341	862	429.63	3.00
4.00	Speech Pathology	5.00	167,871	1,409	169,280	91	1,860.22	4.00
5.00	Medical Social Services	6.00	233,292		233,292	312	747.73	5.00
6.00	Home Health Aide	7.00	197,825		197,825	2,100	94.20	6.00
7.00	Total (sum of lines 1-6)		4,431,191	37,379	4,468,570	23,320		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		19500	0	7,611			8.00
9.00	Physical Therapy		19500	0	3,709			9.00
10.00	Occupational Therapy		19500	0	536			10.00
11.00	Speech Pathology		19500	0	54			11.00
12.00	Medical Social Services		19500	0	32			12.00
13.00	Home Health Aide		19500	0	1,375			13.00
14.00	Total (sum of lines 8-13)			0	13,317			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	71,578	6,867	78,445	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A			Cost of Services				
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	7,611		0	1,502,792	1.00	
2.00	Physical Therapy	0	3,709		0	475,679	2.00	
3.00	Occupational Therapy	0	536		0	230,282	3.00	
4.00	Speech Pathology	0	54		0	100,452	4.00	
5.00	Medical Social Services	0	32		0	23,927	5.00	
6.00	Home Health Aide	0	1,375		0	129,525	6.00	
7.00	Total (sum of lines 1-6)	0	13,317		0	2,462,657	7.00	
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206		Period: From 10/01/2014 To 09/30/2015		Worksheet H-3 Part I Date/Time Prepared: 2/25/2016 3:09 pm		
		Title XVIII		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,502,792					1.00	
2.00	Physical Therapy	475,679					2.00	
3.00	Occupational Therapy	230,282					3.00	
4.00	Speech Pathology	100,452					4.00	
5.00	Medical Social Services	23,927					5.00	
6.00	Home Health Aide	129,525					6.00	
7.00	Total (sum of lines 1-6)	2,462,657					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2014 To 09/30/2015	Worksheet H-3 Part II Date/Time Prepared: 2/25/2016 3:09 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.310012	112,360	34,833	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.081074	14,020	1,137	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.288165	4,890	1,409	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.385504	17,812	6,867	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.428276	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2014 To 09/30/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	1,693,304	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	92,063	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	40,823	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	14,352	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	31,747	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	425	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,872,714	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,872,714	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,872,714	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,872,714	29.00
30.00	OTHER ADJUSTMENTS	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,872,714	31.00
31.01	Sequestration adjustment (see instructions)	0	0	31.01
32.00	Interim payments (see instructions)	0	1,872,714	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-5
Date/Time Prepared:
2/25/2016 3:09 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,872,714	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,872,714	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,872,714	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K

Hospice CCN: 141517

To 09/30/2015

Date/Time Prepared: 2/25/2016 3:09 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	11,875	3.00
4.00	Transportation - Staff	0	0	32,192	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	297,578	56,591	0	164,346	69,675	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	50,759	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	415,049	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	47,219	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	9,993	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	763,386	56,591	32,192	164,346	138,762	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period:

Worksheet K

Hospice CCN: 141517

From 10/01/2014

Date/Time Prepared:

To 09/30/2015

2/25/2016 3:09 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	11,875	0	11,875	0	11,875	3.00
4.00	Transportation - Staff	32,192	0	32,192	0	32,192	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	588,190	0	588,190	0	588,190	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	50,759	0	50,759	0	50,759	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	415,049	0	415,049	0	415,049	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	47,219	0	47,219	0	47,219	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	9,993	0	9,993	0	9,993	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,155,277	0	1,155,277	0	1,155,277	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-1
 Date/Time Prepared:
 2/25/2016 3:09 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	79,466	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	415,049	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	79,466	415,049	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-1

Hospice CCN: 141517

To 09/30/2015

Date/Time Prepared: 2/25/2016 3:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	218,112	297,578	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	50,759	50,759	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	415,049	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	268,871	763,386	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-2

Hospice CCN: 141517

To 09/30/2015

Date/Time Prepared: 2/25/2016 3:09 pm

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

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-2

Hospice CCN: 141517

To 09/30/2015

Date/Time Prepared: 2/25/2016 3:09 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	56,591	56,591	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	56,591	56,591	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet K-3
		Hospice CCN: 141517		Date/Time Prepared: 2/25/2016 3:09 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140135 Hospice CCN: 141517	Period: From 10/01/2014 To 09/30/2015	Worksheet K-3 Date/Time Prepared: 2/25/2016 3:09 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	164,346	164,346	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	164,346	164,346	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 2/25/2016 3:09 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	11,875	0	0	11,875		3.00
4.00	Transportation - Staff	32,192	0	0	0	32,192	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	588,190	0	0	11,875	32,192	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	50,759	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	415,049	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	47,219	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	9,993	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,155,277	0	0	11,875	32,192	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 2/25/2016 3:09 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	632,257	632,257		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	50,759	61,360	112,119	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	415,049	501,736	916,785	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	47,219	57,081	104,300	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	9,993	12,080	22,073	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,155,277		1,155,277	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-4

Hospice CCN: 141517

To 09/30/2015

Part II
Date/Time Prepared:
2/25/2016 3:09 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	11,875			3.00
4.00	Transportation - Staff	0	0	0	32,031		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	11,875	32,031	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	11,875	32,192	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.005026	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 2/25/2016 3:09 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-632,257	523,020	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	50,759	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	415,049	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	47,219	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	9,993	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		632,257	39.00
40.00	Unit Cost Multiplier		1.208858	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-5
 Part I
 Date/Time Prepared:
 2/25/2016 3:09 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0			4.00	4A	
1.00	Administrative and General		0	0	144,103	144,103	1.00
2.00	Inpatient - General Care	112,119	0	0	0	112,119	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	916,785	0	0	0	916,785	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	104,300	0	0	0	104,300	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	22,073	0	0	0	22,073	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,155,277	0	0	144,103	1,299,380	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

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

Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	21,271	0	963	0	0	1.00
2.00	Inpatient - General Care	16,550	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	135,330	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	15,396	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	3,258	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	191,805	0	963	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-5

Hospice CCN: 141517

To 09/30/2015

Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	26,645	0	1,489	16,420	6,493	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	26,645	0	1,489	16,420	6,493	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-5
 Part I
 Date/Time Prepared:
 2/25/2016 3:09 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM		
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00	22.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	217,384	1.00
2.00	Inpatient - General Care	0	0	0	0	128,669	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,052,115	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	119,696	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	25,331	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,543,195	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2014

Worksheet K-5

Hospice CCN: 141517

To 09/30/2015

Part I
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	128,669	21,097	149,766		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,052,115	172,508	1,224,623		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	119,696	19,626	139,322		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	25,331	4,153	29,484		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,543,195		1,543,195		34.00
35.00	Unit Cost Multiplier (see instructions)			0.163963			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
1.00 Administrative and General	0	0	763,386	0	144,103	1.00
2.00 Inpatient - General Care	0	0	0	0	112,119	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	916,785	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	104,300	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	22,073	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	763,386		1,299,380	34.00
35.00 Total cost to be allocated	0	0	144,103		191,805	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.188768		0.147613	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description	Hospice I					CAFETERIA (FTE)	
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)			
	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	0	1,387	0	0	0	1,215	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1,387	0	0	0	1,215	34.00
35.00 Total cost to be allocated	0	963	0	0	0	26,645	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.694304	0.000000	0.000000	0.000000	21.930041	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
1.00	Administrative and General	0	9,993	47,219	1,328,898	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	9,993	47,219	1,328,898	0	34.00
35.00	Total cost to be allocated	0	1,489	16,420	6,493	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.149004	0.347741	0.004886	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/25/2016 3:09 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	Hospice I	
		SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
		21.00	22.00			
1.00	Administrative and General	100	100	100		1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	100	100	100		34.00
35.00	Total cost to be allocated	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140135	Period: From 10/01/2014	Worksheet K-5		
		Hospice CCN: 141517	To 09/30/2015	Part III Date/Time Prepared: 2/25/2016 3:09 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.310012	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.081074	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.288165	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.428276	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.088436	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.385504	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.331146	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140135

Period:

Worksheet K-6

Hospice CCN: 141517

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

Date/Time Prepared:
2/25/2016 3:09 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,543,195	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,797	2.00
3.00	Average cost per diem (line 1 divided by line 2)				321.70	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,648				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,495,262				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		149			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		47,933			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140135	Period: From 10/01/2014 To 09/30/2015	Worksheet L Parts I-III Date/Time Prepared: 2/25/2016 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,761,424	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		17,604	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)		102.72	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.64	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)		100,516	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.32	8.00
9.00	Sum of lines 7 and 8		24.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.04	10.00
11.00	Disproportionate share adjustment (see instructions)		139,176	11.00
12.00	Total prospective capital payments (see instructions)		3,018,720	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00