

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: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/20/2015 12:44 pm
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**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

Date: 11/20/2015 Time: 12:44 pm

Contractor use only

5.  Cost Report Status  
 (1) As Submitted  
 (2) Settled without Audit  
 (3) Settled with Audit  
 (4) Reopened  
 (5) Amended

6. Date Received:  
 7. Contractor No.  
 8.  Initial Report for this Provider CCN  
 9.  Final Report for this Provider CCN

10. NPR Date:  
 11. Contractor's Vendor Code: 4  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL MEDICAL CENTER ( 140176 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
 ECR: Date: 11/20/2015 Time: 12:44 pm  
 pCul JKHE5R: PgJkDeDme9Hi g9CV6YO  
 J8PD50kss4GI kppyI tM2l : 6uTI : QM  
 PJo012dbKD0xa5: W  
 PI: Date: 11/20/2015 Time: 12:44 pm  
 Fm6Uh5YHtZpxRb3cL: aqD192. xQI 20  
 UDNHA0vYsbWHvzGrgfe8i 6l E9QhhdS  
 hi HA0gE0Ut03akbg

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 EXECUTIVE VP, CFO AND CIO  
 Title \_\_\_\_\_  
 11/24/2015  
 Date \_\_\_\_\_

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	150,617	80,713	49,082	0	1.00
2.00 Subprovider - IPF	0	77,467	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	553	0		0	7.00
200.00 Total	0	228,637	80,713	49,082	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: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/20/2015 10:17 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 3701 DOTY ROAD	PO Box:								1.00
2.00	City: WOODSTOCK	State: IL	Zip Code: 60098-	County: MCHENRY						2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140176	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MMC INPATIENT PSYCHIATRY	14S176	16974	4	07/01/1992	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	MMC SKILLED NURSING FACILITY	145788	16974		11/22/1993	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2014	06/30/2015	20.00	
21.00	Type of Control (see instructions)					2		21.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,050	319	8	0	741	23	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00

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

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

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

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	
					2.00	
					3.00	
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	633,569	2,124,527		0118.01	
					1.00	
					2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/20/2015 10:17 am	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H122	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: NAME: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	
142.00	Street: 385 MILLENNIUM DR.	PO Box:			
143.00	City: CRYSTAL LAKE	State: IL	Zip Code:	60012-3761	
				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
				CBSA	FTE/Campus
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)				0168.00
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)			0.75	169.00
				1.00	
				Ending	
				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)			07/01/2014	09/30/2014
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/20/2015 10:17 am
			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: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/20/2015 10:17 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/19/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/20/2015 10:17 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNA		BURACKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/19/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140176

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

Worksheet S-2  
Part V  
Date/Time Prepared:  
11/20/2015 10:17 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	SR. REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	527 W. SOUTH ST.	8.00
9.00	Mailing Address 2		9.00
10.00	City	WOODSTOCK	10.00
11.00	State	IL	11.00
12.00	Zip	60098	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	DAVID	13.00
14.00	Last Name	TOMLINSON	14.00
15.00	Title	EXECUTIVE VP, CFO & CIO	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number	(815)788-5800	17.00
18.00	E-mail Address	DTOMLINSON@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MILLENNIUM DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part IX Date/Time Prepared: 11/20/2015 10:17 am
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	23,180	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		60	23,180	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		72	27,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	8,482		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	2,075		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		131				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)		5	1,825			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: 140176

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

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)	7,682	755	13,388			1.00
2.00 HMO and other (see instructions)	926	1,089				2.00
3.00 HMO IPF Subprovider	207	1,508				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,682	755	13,388			7.00
8.00 INTENSIVE CARE UNIT	1,404	137	2,330			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		183	423			13.00
14.00 Total (see instructions)	9,086	1,075	16,141	0.00	577.49	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,493	1,531	6,584	0.00	31.79	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	568	0	831	0.00	0.13	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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	609.41	27.00
28.00 Observation Bed Days		114	2,228			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	23	62			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,131	235	4,175	1.00
2.00 HMO and other (see instructions)			199	269		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	2,131	235	4,175	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	203	422	985	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						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 11/20/2015 10:17 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	48,287,171	-8,589,473	39,697,698	1,267,577.00	31.32	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	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	0	0	0.00	0.00	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	13,032	54,869	67,901	1,751.00	38.78	9.00
10.00	Excluded area salaries (see instructions)		3,645,374	554,997	4,200,371	115,853.00	36.26	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,707,782	0	1,707,782	41,438.44	41.21	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		277,256	0	277,256	2,961.29	93.63	13.00
14.00	Home office salaries & wage-related costs		11,511,112	0	11,511,112	210,942.00	54.57	14.00
15.00	Home office: Physician Part A - Administrative		18,827	0	18,827	208.00	90.51	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		10,113,064	0	10,113,064			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,095,818	0	1,095,818			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			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)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	132,429	-132,429	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	12,178,043	-10,136,361	2,041,682	98,283.00	20.77	27.00
28.00	Administrative & General under contract (see inst.)		1,725,650	0	1,725,650	33,656.07	51.27	28.00
29.00	Maintenance & Repairs	6.00	729,979	2,696	732,675	25,064.00	29.23	29.00
30.00	Operation of Plant	7.00	1,099,769	2,346	1,102,115	50,571.00	21.79	30.00
31.00	Laundry & Linen Service	8.00	47,831	46,074	93,905	4,698.00	19.99	31.00
32.00	Housekeeping	9.00	1,040,306	-42,328	997,978	63,739.00	15.66	32.00
33.00	Housekeeping under contract (see instructions)		95,845	0	95,845	3,461.00	27.69	33.00
34.00	Dietary	10.00	1,184,387	-556,905	627,482	35,290.00	17.78	34.00
35.00	Dietary under contract (see instructions)		56,413	0	56,413	1,900.20	29.69	35.00
36.00	Cafeteria	11.00	0	560,564	560,564	33,825.00	16.57	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,204,272	2,563	1,206,835	27,577.00	43.76	38.00
39.00	Central Services and Supply	14.00	247,273	844	248,117	13,584.00	18.27	39.00
40.00	Pharmacy	15.00	2,744,110	7,746	2,751,856	60,542.00	45.45	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140176

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/20/2015 10:17 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,049	0	1,049	40.00	26.23	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: 140176

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/20/2015 10:17 am

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	50,165,079	-8,589,473	41,575,606	1,306,594.27	31.82	1.00
2.00	Excluded area salaries (see instructions)	3,658,406	609,866	4,268,272	117,604.00	36.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,506,673	-9,199,339	37,307,334	1,188,990.27	31.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,514,977	0	13,514,977	255,549.73	52.89	4.00
5.00	Subtotal wage-related costs (see inst.)	10,113,064	0	10,113,064	0.00	27.11	5.00
6.00	Total (sum of lines 3 thru 5)	70,134,714	-9,199,339	60,935,375	1,444,540.00	42.18	6.00
7.00	Total overhead cost (see instructions)	22,487,356	-10,245,190	12,242,166	452,230.27	27.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2015 10:17 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		886,308	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		10,096	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		5,570,768	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		279,606	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		84,352	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)		384,524	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		926,629	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,833,749	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		26,352	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		206,498	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>11,208,882</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/20/2015 10:17 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,707,782	0 1.00
2.00	Hospital		1,707,782	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

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

Worksheet S-7  
Date/Time Prepared:  
11/20/2015 10:17 am

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	55	0	55	12.00
13.00	RUB	108	0	108	13.00
14.00	RUA	324	0	324	14.00
15.00	RVC	20	0	20	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	31	0	31	17.00
18.00	RHC	13	0	13	18.00
19.00	RHB	5	0	5	19.00
20.00	RHA	10	0	10	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	2	0	2	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

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

Worksheet S-7

Date/Time Prepared:  
11/20/2015 10:17 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		568	0	568	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	29404	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		434,751			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/20/2015 10:17 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.291167	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			5,152,517	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			39,067	5.00	
6.00	Medicaid charges			50,864,555	6.00	
7.00	Medicaid cost (line 1 times line 6)			14,810,080	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)			9,618,496	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)			9,618,496	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			4,722,786	840,734	5,563,520
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			1,375,119	244,794	1,619,913
22.00	Partial payment by patients approved for charity care			143,576	115,462	259,038
23.00	Cost of charity care (line 21 minus line 22)			1,231,543	129,332	1,360,875
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)					4,750,472
27.00	Medicare bad debts for the entire hospital complex (see instructions)					591,818
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					4,158,654
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					1,210,863
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					2,571,738
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					12,190,234

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet A Date/Time Prepared: 11/20/2015 10:17 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		16,780,568	16,780,568	-11,816,384	4,964,184	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,274,501	4,274,501	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	132,429	10,149,417	10,281,846	624,420	10,906,266	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,178,043	16,654,055	28,832,098	5,127,253	33,959,351	5.00
6.00	00600	MAINTENANCE & REPAIRS	729,979	794,191	1,524,170	2,696	1,526,866	6.00
7.00	00700	OPERATION OF PLANT	1,099,769	1,243,247	2,343,016	2,346	2,345,362	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,831	335,158	382,989	65,158	448,147	8.00
9.00	00900	HOUSEKEEPING	1,040,306	596,353	1,636,659	-61,412	1,575,247	9.00
10.00	01000	DIETARY	1,184,387	1,061,550	2,245,937	-1,046,250	1,199,687	10.00
11.00	01100	CAFETERIA	0	0	0	1,049,909	1,049,909	11.00
13.00	01300	NURSING ADMINISTRATION	1,204,272	109,475	1,313,747	-54,216	1,259,531	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247,273	646,034	893,307	-4,176	889,131	14.00
15.00	01500	PHARMACY	2,744,110	5,501,667	8,245,777	-4,872,881	3,372,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,049	1,914,825	1,915,874	0	1,915,874	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,807,753	954,267	7,762,020	444,702	8,206,722	30.00
31.00	03100	INTENSIVE CARE UNIT	1,795,855	411,002	2,206,857	111,604	2,318,461	31.00
40.00	04000	SUBPROVIDER - I/PF	2,282,463	158,279	2,440,742	580,904	3,021,646	40.00
43.00	04300	NURSERY	0	0	0	154,334	154,334	43.00
44.00	04400	SKILLED NURSING FACILITY	13,032	428,870	441,902	66,435	508,337	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,481,970	7,279,386	11,761,356	-5,112,372	6,648,984	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	322,474	322,474	52.00
53.00	05300	ANESTHESIOLOGY	15,288	216,006	231,294	-1,940	229,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,375,973	1,645,582	4,021,555	-37,567	3,983,988	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	261,085	282,078	543,163	769	543,932	56.00
57.00	05700	CT SCAN	547,008	267,960	814,968	-4,287	810,681	57.00
58.00	05800	MRI	241,161	131,734	372,895	647	373,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	237	2,850,786	2,851,023	0	2,851,023	60.00
65.00	06500	RESPIRATORY THERAPY	754,957	276,962	1,031,919	-26,299	1,005,620	65.00
66.00	06600	PHYSICAL THERAPY	920,870	278,494	1,199,364	1,804	1,201,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,867	1,543	89,410	-98	89,312	67.00
68.00	06800	SPEECH PATHOLOGY	68,484	1,185	69,669	366	70,035	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	588,350	126,319	714,669	11,062	725,731	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,686,763	3,686,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,062,468	2,062,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,837,836	4,837,836	73.00
76.00	03140	CARDIOLOGY	260,777	28,582	289,359	1,030	290,389	76.00
76.01	03950	WOUND CARE	579,588	1,160,332	1,739,920	-563,650	1,176,270	76.01
76.97	07697	CARDIAC REHABILITATION	305,331	17,187	322,518	584	323,102	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	300,522	300,522	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	243,256	1,353	244,609	-244,609	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	609,718	31,412	641,130	137,647	778,777	90.03
90.04	09004	DIABETES CENTER	63,874	17,415	81,289	-342	80,947	90.04
91.00	09100	EMERGENCY	3,009,915	1,083,641	4,093,556	-24,307	4,069,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,924,260	73,436,915	120,361,175	-2,556	120,358,619	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	CRISIS PROGRAM	1,362,911	67,785	1,430,696	2,556	1,433,252	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	48,287,171	73,504,700	121,791,871	0	121,791,871	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140176

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

Worksheet A  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,424,094	2,540,090	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-11,592	4,262,909	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,968	10,899,298	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,661,585	21,297,766	5.00
6.00	00600	MAINTENANCE & REPAIRS	-40,028	1,486,838	6.00
7.00	00700	OPERATION OF PLANT	-178,971	2,166,391	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	448,147	8.00
9.00	00900	HOUSEKEEPING	-87,394	1,487,853	9.00
10.00	01000	DIETARY	0	1,199,687	10.00
11.00	01100	CAFETERIA	-457,188	592,721	11.00
13.00	01300	NURSING ADMINISTRATION	209,849	1,469,380	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	889,131	14.00
15.00	01500	PHARMACY	-338,567	3,034,329	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,932	1,913,942	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-78,577	8,128,145	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,318,461	31.00
40.00	04000	SUBPROVIDER - I/PF	-95,023	2,926,623	40.00
43.00	04300	NURSERY	0	154,334	43.00
44.00	04400	SKILLED NURSING FACILITY	-1,535	506,802	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-10,200	6,638,784	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	322,474	52.00
53.00	05300	ANESTHESIOLOGY	0	229,354	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-338,226	3,645,762	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	543,932	56.00
57.00	05700	CT SCAN	0	810,681	57.00
58.00	05800	MRI	0	373,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	2,851,023	60.00
65.00	06500	RESPIRATORY THERAPY	-42,704	962,916	65.00
66.00	06600	PHYSICAL THERAPY	-233,179	967,989	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	89,312	67.00
68.00	06800	SPEECH PATHOLOGY	0	70,035	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	-11,000	714,731	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,686,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,062,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,837,836	73.00
76.00	03140	CARDIOLOGY	0	290,389	76.00
76.01	03950	WOUND CARE	-61,698	1,114,572	76.01
76.97	07697	CARDIAC REHABILITATION	-3,076	320,026	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-14,979	285,543	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	778,777	90.03
90.04	09004	DIABETES CENTER	-11,245	69,702	90.04
91.00	09100	EMERGENCY	-218,349	3,850,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,118,261	103,240,358	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.02	19002	CRISIS PROGRAM	0	1,433,252	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-17,118,261	104,673,610	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140176

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

Worksheet Non-CMS W  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY - THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP LAB/NEUROLOGY	07001		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
76.00 RADIOLOGY	03140	CARDIOLOGY	76.00
76.01 WOUND CARE	03950		76.01
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 CLINIC	09000		90.00
90.01 WOMENS CENTER	09001		90.01
90.02 PSYCH SERVICES	09002		90.02
90.03 OP BEHAVIORAL HEALTH	09003		90.03
90.04 DIABETES CENTER	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.02 CRISIS PROGRAM	19002		190.02
191.00 RESEARCH	19100		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140176

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

Worksheet A-6  
Date/Time Prepared:  
11/20/2015 10:17 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,274,160	1.00
				4,274,160	
<b>B - EQUIPMENT INTEREST</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	341	1.00
				341	
<b>C - NON-CAPITAL RELATED COSTS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	229,682	1.00
				229,682	
<b>D - NON-CAPITAL INSURANCE</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,227,849	1.00
				1,227,849	
<b>E - WORKERS COMP INSURANCE</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	756,849	1.00
				756,849	
<b>F - PROVIDER TAX</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,778,597	1.00
				5,778,597	
<b>G - SNF TAX</b>					
1.00	SKILLED NURSING FACILITY	44.00	0	8,270	1.00
				8,270	
<b>H - CHARGABLE DRUG COSTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,837,836	1.00
				4,837,836	
<b>I - MED SUPPLIES &amp; IMPLANTS</b>					
1.00	SLEEP LAB/NEUROLOGY	70.01	0	9,069	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,686,763	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,062,468	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
0				5,758,300	
<b>J - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	560,564	489,345	1.00
			560,564	489,345	
<b>K - ATO RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	11,441	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	2,696	0	2.00
3.00	OPERATION OF PLANT	7.00	2,346	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	90	0	4.00
5.00	HOUSEKEEPING	9.00	3,656	0	5.00
6.00	DIETARY	10.00	3,659	0	6.00
7.00	NURSING ADMINISTRATION	13.00	2,563	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	844	0	8.00
9.00	PHARMACY	15.00	7,746	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	24,639	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	5,328	0	11.00
12.00	SUBPROVIDER - IPF	40.00	8,560	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	39	0	13.00
14.00	OPERATING ROOM	50.00	18,602	0	14.00
15.00	ANESTHESIOLOGY	53.00	17	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	8,682	0	16.00
17.00	RADIOISOTOPE	56.00	957	0	17.00
18.00	CT SCAN	57.00	1,650	0	18.00
19.00	MRI	58.00	980	0	19.00
20.00	RESPIRATORY THERAPY	65.00	2,689	0	20.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00	PHYSICAL THERAPY	66.00	4,162	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	354	0	22.00
23.00	SPEECH PATHOLOGY	68.00	366	0	23.00
24.00	SLEEP LAB/NEUROLOGY	70.01	1,993	0	24.00
25.00	CARDIOLOGY	76.00	1,038	0	25.00
26.00	WOUND CARE	76.01	1,864	0	26.00
27.00	CARDIAC REHABILITATION	76.97	1,117	0	27.00
28.00	OP BEHAVIORAL HEALTH	90.03	3,112	0	28.00
29.00	DIABETES CENTER	90.04	96	0	29.00
30.00	EMERGENCY	91.00	8,587	0	30.00
31.00	CRISIS PRGRAM	190.02	2,556	0	31.00
	TOTALS		132,429	0	
<b>L - CENTEGRA ALLOCATION</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	8,555,084	1.00
				8,555,084	
<b>M - NURSERY</b>					
1.00	NURSERY	43.00	91,140	33,493	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	235,814	86,660	2.00
			326,954	120,153	
<b>N - CASE MANAGEMENT/SOCIAL SERVICES</b>					
1.00	ADULTS & PEDIATRICS	30.00	887,438	56,948	1.00
2.00	INTENSIVE CARE UNIT	31.00	153,735	9,865	2.00
3.00	SUBPROVIDER - IPF	40.00	434,416	27,877	3.00
4.00	NURSERY	43.00	27,910	1,791	4.00
5.00	SKILLED NURSING FACILITY	44.00	54,830	3,519	5.00
			1,558,329	100,000	
<b>O - LAUNDRY AND LINEN</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	45,984	19,084	1.00
			45,984	19,084	
<b>P - HYPERBARIC COSTS</b>					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	105,473	195,049	1.00
	TOTALS		105,473	195,049	
<b>Q - CENTRAL INTAKE</b>					
1.00	SUBPROVIDER - IPF	40.00	109,465	609	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	133,791	744	2.00
			243,256	1,353	
<b>R - SALARY RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,389	1.00
			0	34,389	
500.00	Grand Total: Increases		2,972,989	32,386,341	500.00

RECLASSIFICATIONS

Provider CCN: 140176

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

Worksheet A-6  
Date/Time Prepared:  
11/20/2015 10:17 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - EQUIPMENT DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,274,160	9	1.00
				4,274,160		
<b>B - EQUIPMENT INTEREST</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	341	11	1.00
				341		
<b>C - NON-CAPITAL RELATED COSTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	229,682	14	1.00
				229,682		
<b>D - NON-CAPITAL INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,227,849	12	1.00
				1,227,849		
<b>E - WORKERS COMP INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	756,849	12	1.00
				756,849		
<b>F - PROVIDER TAX</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,778,597	13	1.00
				5,778,597		
<b>G - SNF TAX</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,270	13	1.00
				8,270		
<b>H - CHARGABLE DRUG COSTS</b>						
1.00	PHARMACY	15.00	0	4,837,836		1.00
				4,837,836		
<b>I - MED SUPPLIES &amp; IMPLANTS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,623	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	56,779	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,020	0	3.00
4.00	PHARMACY	15.00	0	42,791	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	77,216	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	57,324	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	23	0	7.00
8.00	SKILLED NURSING FACILITY	44.00	0	223	0	8.00
9.00	OPERATING ROOM	50.00	0	5,130,974	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	1,957	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,249	0	11.00
12.00	RADIOISOTOPE	56.00	0	188	0	12.00
13.00	CT SCAN	57.00	0	5,937	0	13.00
14.00	MRI	58.00	0	333	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	28,988	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	2,358	0	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	452	0	17.00
18.00	CARDIOLOGY	76.00	0	8	0	18.00
19.00	WOUND CARE	76.01	0	264,992	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	533	0	20.00
21.00	DIABETES CENTER	90.04	0	438	0	21.00
22.00	EMERGENCY	91.00	0	32,894	0	22.00
			0	5,758,300		
<b>J - CAFETERIA RECLASS</b>						
1.00	DIETARY	10.00	560,564	489,345		1.00
			560,564	489,345		
<b>K - ATO RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	132,429	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
23.00	0.00	0	0	0	0		23.00
24.00	0.00	0	0	0	0		24.00
25.00	0.00	0	0	0	0		25.00
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
TOTALS		132,429	0				
L - CENTEGRA ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	8,555,084				1.00
			8,555,084	0			
M - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	326,954	120,153			1.00
2.00			326,954	120,153			2.00
N - CASE MANAGEMENT/SOCIAL SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,558,329	100,000	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
			1,558,329	100,000			
O - LAUNDRY AND LINEN							
1.00	HOUSEKEEPING	9.00	45,984	19,084			1.00
			45,984	19,084			
P - HYPERBARIC COSTS							
1.00	WOUND CARE	76.01	105,473	195,049	0		1.00
	TOTALS		105,473	195,049			
Q - CENTRAL INTAKE							
1.00	PSYCH SERVICES	90.02	243,256	1,353	0		1.00
2.00		0.00	0	0	0		2.00
			243,256	1,353			
R - SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	34,389	0	0		1.00
			34,389	0			
500.00	Grand Total: Decreases		11,562,462	23,796,868			500.00

RECLASSIFICATIONS

Provider CCN: 140176

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
11/20/2015 10:17 am

Increases				Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>A - EQUIPMENT DEPRECIATION</b>								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	4,274,160	CAP REL COSTS-BLDG & FIXT	1.00	0	4,274,160	1.00
			0			0	4,274,160	
<b>B - EQUIPMENT INTEREST</b>								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	341	CAP REL COSTS-BLDG & FIXT	1.00	0	341	1.00
			0			0	341	
<b>C - NON-CAPITAL RELATED COSTS</b>								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	229,682	ADMINISTRATIVE & GENERAL	5.00	0	229,682	1.00
			0			0	229,682	
<b>D - NON-CAPITAL INSURANCE</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,227,849	CAP REL COSTS-BLDG & FIXT	1.00	0	1,227,849	1.00
			0			0	1,227,849	
<b>E - WORKERS COMP INSURANCE</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	756,849	CAP REL COSTS-BLDG & FIXT	1.00	0	756,849	1.00
			0			0	756,849	
<b>F - PROVIDER TAX</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	5,778,597	CAP REL COSTS-BLDG & FIXT	1.00	0	5,778,597	1.00
			0			0	5,778,597	
<b>G - SNF TAX</b>								
1.00	SKILLED NURSING FACILITY	44.00	8,270	CAP REL COSTS-BLDG & FIXT	1.00	0	8,270	1.00
			0			0	8,270	
<b>H - CHARGABLE DRUG COSTS</b>								
1.00	DRUGS CHARGED TO PATIENTS	73.00	4,837,836	PHARMACY	15.00	0	4,837,836	1.00
			0			0	4,837,836	
<b>I - MED SUPPLIES &amp; IMPLANTS</b>								
1.00	SLEEP LAB/NEUROLOGY	70.01	9,069	ADMINISTRATIVE & GENERAL	5.00	0	2,623	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	3,686,763	NURSING	13.00	0	56,779	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	2,062,468	ADMINISTRATION	14.00	0	5,020	3.00
4.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	5,020	3.00
5.00		0.00	0	PHARMACY	15.00	0	42,791	4.00
6.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	77,216	5.00
7.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	57,324	6.00
8.00		0.00	0	SUBPROVIDER - IPF	40.00	0	23	7.00
		0.00	0	SKILLED NURSING FACILITY	44.00	0	223	8.00
9.00		0.00	0	OPERATING ROOM	50.00	0	5,130,974	9.00
10.00		0.00	0	ANESTHESIOLOGY	53.00	0	1,957	10.00
11.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	46,249	11.00
12.00		0.00	0	RADIOISOTOPE	56.00	0	188	12.00
13.00		0.00	0	CT SCAN	57.00	0	5,937	13.00
14.00		0.00	0	MRI	58.00	0	333	14.00
15.00		0.00	0	RESPIRATORY THERAPY	65.00	0	28,988	15.00
16.00		0.00	0	PHYSICAL THERAPY	66.00	0	2,358	16.00
17.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0	452	17.00
18.00		0.00	0	CARDIOLOGY	76.00	0	8	18.00
19.00		0.00	0	WOUND CARE	76.01	0	264,992	19.00
20.00		0.00	0	CARDIAC	76.97	0	533	20.00
21.00		0.00	0	REHABILITATION	90.04	0	438	21.00
22.00		0.00	0	DIABETES CENTER	91.00	0	32,894	22.00
		0	0	EMERGENCY	91.00	0	32,894	22.00
		0	5,758,300			0	5,758,300	
<b>J - CAFETERIA RECLASS</b>								
1.00	CAFETERIA	11.00	560,564	DIETARY	10.00	560,564	489,345	1.00
			560,564			560,564	489,345	
<b>K - ATO RECLASS</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	11,441	EMPLOYEE BENEFITS DEPARTMENT	4.00	132,429	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	2,696		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	2,346		0.00	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	90		0.00	0	0	4.00
5.00	HOUSEKEEPING	9.00	3,656		0.00	0	0	5.00
6.00	DIETARY	10.00	3,659		0.00	0	0	6.00
7.00	NURSING	13.00	2,563		0.00	0	0	7.00
	ADMINISTRATIVE							

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	844	0		0.00	0	0	8.00
9.00	PHARMACY	15.00	7,746	0		0.00	0	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	24,639	0		0.00	0	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	5,328	0		0.00	0	0	11.00
12.00	SUBPROVIDER - IPF	40.00	8,560	0		0.00	0	0	12.00
13.00	SKILLED NURSING FACILITY	44.00	39	0		0.00	0	0	13.00
14.00	OPERATING ROOM	50.00	18,602	0		0.00	0	0	14.00
15.00	ANESTHESIOLOGY	53.00	17	0		0.00	0	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	8,682	0		0.00	0	0	16.00
17.00	RADIOISOTOPE	56.00	957	0		0.00	0	0	17.00
18.00	CT SCAN	57.00	1,650	0		0.00	0	0	18.00
19.00	MRI	58.00	980	0		0.00	0	0	19.00
20.00	RESPIRATORY THERAPY	65.00	2,689	0		0.00	0	0	20.00
21.00	PHYSICAL THERAPY	66.00	4,162	0		0.00	0	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	354	0		0.00	0	0	22.00
23.00	SPEECH PATHOLOGY	68.00	366	0		0.00	0	0	23.00
24.00	SLEEP LAB/NEUROLOGY	70.01	1,993	0		0.00	0	0	24.00
25.00	CARDIOLOGY	76.00	1,038	0		0.00	0	0	25.00
26.00	WOUND CARE	76.01	1,864	0		0.00	0	0	26.00
27.00	CARDIAC REHABILITATION	76.97	1,117	0		0.00	0	0	27.00
28.00	OP BEHAVIORAL HEALTH	90.03	3,112	0		0.00	0	0	28.00
29.00	DIABETES CENTER	90.04	96	0		0.00	0	0	29.00
30.00	EMERGENCY	91.00	8,587	0		0.00	0	0	30.00
31.00	CRISIS PROGRAM	190.02	2,556	0		0.00	0	0	31.00
	TOTALS		132,429	0	TOTALS		132,429	0	
L - CENTEGRA ALLOCATIONS									
1.00	ADMINISTRATIVE & GENERAL	5.00		8,555,084	ADMINISTRATIVE & GENERAL	5.00	8,555,084		1.00
			0	8,555,084			8,555,084	0	
M - NURSERY									
1.00	NURSERY	43.00	91,140	33,493	ADULTS & PEDIATRICS	30.00	326,954	120,153	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	235,814	86,660					2.00
			326,954	120,153			326,954	120,153	
N - CASE MANAGEMENT/SOCIAL SERVICES									
1.00	ADULTS & PEDIATRICS	30.00	887,438	56,948	ADMINISTRATIVE & GENERAL	5.00	1,558,329	100,000	1.00
2.00	INTENSIVE CARE UNIT	31.00	153,735	9,865		0.00	0	0	2.00
3.00	SUBPROVIDER - IPF	40.00	434,416	27,877		0.00	0	0	3.00
4.00	NURSERY	43.00	27,910	1,791		0.00	0	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	54,830	3,519		0.00	0	0	5.00
			1,558,329	100,000			1,558,329	100,000	
O - LAUNDRY AND LINEN									
1.00	LAUNDRY & LINEN SERVICE	8.00	45,984	19,084	HOUSEKEEPING	9.00	45,984	19,084	1.00
			45,984	19,084			45,984	19,084	
P - HYPERBARIC COSTS									
1.00	HYPERBARIC OXYGEN THERAPY	76.98	105,473	195,049	WOUND CARE	76.01	105,473	195,049	1.00
	TOTALS		105,473	195,049	TOTALS		105,473	195,049	
Q - CENTRAL INTAKE									
1.00	SUBPROVIDER - IPF	40.00	109,465	609	PSYCH SERVICES	90.02	243,256	1,353	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	133,791	744		0.00	0	0	2.00
			243,256	1,353			243,256	1,353	
R - SALARY RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	34,389	ADMINISTRATIVE & GENERAL	5.00	34,389	0	1.00
			0	34,389			34,389	0	
500.00	Grand Total: Increases		2,972,989	32,386,341	Grand Total: Decreases		11,562,462	23,796,868	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	219,885	0	0	0	1.00
2.00	Land Improvements	3,212,830	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	72,764,747	2,820,698	0	2,820,698	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	52,118,470	2,302,939	0	2,302,939	6.00
7.00	HIT designated Assets	8,849,873	221,795	0	221,795	7.00
8.00	Subtotal (sum of lines 1-7)	137,165,805	5,345,432	0	5,345,432	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,165,805	5,345,432	0	5,345,432	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	219,885	0			1.00
2.00	Land Improvements	3,212,830	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	75,585,445	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	54,421,409	0			6.00
7.00	HIT designated Assets	9,071,668	0			7.00
8.00	Subtotal (sum of lines 1-7)	142,511,237	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	142,511,237	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	16,780,568	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,780,568	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	16,780,568				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	16,780,568				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	79,018,160	0	79,018,160	0.554470	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	63,493,077	0	63,493,077	0.445530	0	2.00
3.00	Total (sum of lines 1-2)	142,511,237	0	142,511,237	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	12,506,408	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,262,568	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,768,976	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 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	-2,424,435	-1,984,698	-5,786,867	229,682	2,540,090	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	341	0	0	0	4,262,909	2.00
3.00	Total (sum of lines 1-2)	-2,424,094	-1,984,698	-5,786,867	229,682	6,802,999	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140176

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

Worksheet A-8

Date/Time Prepared:  
11/20/2015 10:17 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,980,383	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-175,650	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-854,160			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	-6,013,164			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-444,459	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,932	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAL STAFF	B	-40,688	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	EDUCATION INCOME	B	-3,500	NURSING ADMINISTRATION	13.00	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140176

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
35.00 EDUCATION INCOME	B	-9,341	ADMINISTRATIVE & GENERAL	5.00	0 35.00
36.00 LACTATION SUPPLIES	B	-719	ADULTS & PEDIATRICS	30.00	0 36.00
37.00 MISCELLANEOUS INCOME	B	-228,357	ADMINISTRATIVE & GENERAL	5.00	0 37.00
38.00 OB EDUCATION	B	-1,438	ADULTS & PEDIATRICS	30.00	0 38.00
39.00 EMS TUITION	B	-9,531	EMERGENCY	91.00	0 39.00
40.00 OTHER INCOME	B	-1,080	PHARMACY	15.00	0 40.00
41.00 PHARMACY RETAIL INCOME	B	-335,032	PHARMACY	15.00	0 41.00
42.00 PT OTHER INCOME	B	-73,346	PHYSICAL THERAPY	66.00	0 42.00
43.00 OPERATION PLANT	B	-40,028	MAINTENANCE & REPAIRS	6.00	0 43.00
44.00 HOUSEKEEPING OTHER REVENUE	B	-87,394	HOUSEKEEPING	9.00	0 44.00
45.00 RELATED PARTY SALARIES	A	-34,389	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.01 RELATED PARTY BENEFITS	A	-6,968	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.01
45.02 2012 & 2014 INTEREST EXPENSE	A	-443,530	CAP REL COSTS-BLDG & FIXT	1.00	11 45.02
45.03 2012 & 2014 INTEREST INCOME	B	-181	CAP REL COSTS-BLDG & FIXT	1.00	11 45.03
45.04 PATIENT TELEPHONE CRC OFFSET	A	-11,592	CAP REL COSTS-MVBLE EQUIP	2.00	9 45.04
45.05 MEALS ON WHEELS	B	-12,729	CAFETERIA	11.00	0 45.05
45.06 POM RELATED RENTAL	A	-3,321	OPERATION OF PLANT	7.00	0 45.06
45.07 ANTI-COAG CLINIC RENT	A	-2,455	PHARMACY	15.00	0 45.07
45.08 IMAGING RENTAL	A	-284,654	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08
45.09 PHYSICIAN THERAPY RENTAL	A	-150,952	PHYSICAL THERAPY	66.00	0 45.09
45.10 WOUND CARE RENTAL	A	-51,721	WOUND CARE	76.01	0 45.10
45.11 HBOT RENTAL	A	-14,979	HYPERBARIC OXYGEN THERAPY	76.98	0 45.11
45.12 DIABETES CENTER RENTAL	A	-11,245	DIABETES CENTER	90.04	0 45.12
45.13 ED RELATED RENTAL	A	-10,746	EMERGENCY	91.00	0 45.13
45.14 IDPA PROVIDER TAX	A	-5,778,597	ADMINISTRATIVE & GENERAL	5.00	0 45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,118,261			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140176

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

Worksheet A-8-1

Date/Time Prepared:  
11/20/2015 10:17 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA ALLOCATION	18,351,582	24,854,178 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA ALLOCATION	213,349	0 2.00
3.00	91.00	EMERGENCY	CENTEGRA ALLOCATION	240,785	0 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA INSURANCE SERVICES	860,950	825,652 4.00
5.00	0		0	19,666,666	25,679,830 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140176

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

Worksheet A-8-1

Date/Time Prepared:  
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-6,502,596	0		1.00
2.00	213,349	0		2.00
3.00	240,785	0		3.00
4.00	35,298	0		4.00
5.00	-6,013,164			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	INSURANCE SERVI		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140176

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

Worksheet A-8-2

Date/Time Prepared:  
11/20/2015 10:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	44.00	SKILLED NURSING FACILITY	3,750	0	3,750	177,200	26	1.00
2.00	40.00	SUBPROVIDER - IPF	64,140	34,140	30,000	154,100	123	2.00
3.00	40.00	SUBPROVIDER - IPF	39,996	39,996	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	76,420	76,420	0	0	0	4.00
5.00	50.00	OPERATING ROOM	37,500	0	37,500	208,000	273	5.00
6.00	53.00	ANESTHESIOLOGY	60,000	0	60,000	200,300	1,846	6.00
7.00	91.00	EMERGENCY	440,050	420,050	20,000	177,200	14	7.00
8.00	54.00	DR. AA	84,000	0	84,000	225,300	297	8.00
9.00	54.00	DR. AB	2,067	0	2,067	225,300	3	9.00
10.00	54.00	DR. AC	4,000	0	4,000	225,300	92	10.00
11.00	76.97	DR. AD	2,500	0	2,500	177,200	4	11.00
12.00	76.97	DR. AE	2,450	0	2,450	177,200	18	12.00
13.00	65.00	RESPIRATORY THERAPY	45,148	42,704	2,444	177,200	89	13.00
14.00	76.01	WOUND CARE	15,600	0	15,600	177,200	66	14.00
15.00	70.01	DR. AF	2,444	0	2,444	177,200	91	15.00
16.00	70.01	DR. AG	5,500	5,500	0	0	0	16.00
17.00	70.01	SLEEP LAB/NEUROLOGY	5,500	5,500	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	10,500	0	10,500	177,200	19	18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	97,855	97,855	0	0	0	19.00
20.00	5.00	DR. AH	3,413	0	3,413	177,200	10	20.00
21.00	5.00	DR. AI	7,014	0	7,014	177,200	53	21.00
22.00	5.00	DR. AJ	8,400	0	8,400	177,200	145	22.00
200.00			1,018,247	722,165	296,082		3,169	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	44.00	SKILLED NURSING FACILITY	2,215	111	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	9,113	456	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	27,300	1,365	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	177,766	8,888	0	0	0	6.00
7.00	91.00	EMERGENCY	1,193	60	0	0	0	7.00
8.00	54.00	DR. AA	32,170	1,609	0	0	0	8.00
9.00	54.00	DR. AB	325	16	0	0	0	9.00
10.00	54.00	DR. AC	9,965	498	0	0	0	10.00
11.00	76.97	DR. AD	341	17	0	0	0	11.00
12.00	76.97	DR. AE	1,533	77	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	7,582	379	0	0	0	13.00
14.00	76.01	WOUND CARE	5,623	281	0	0	0	14.00
15.00	70.01	DR. AF	7,753	388	0	0	0	15.00
16.00	70.01	DR. AG	0	0	0	0	0	16.00
17.00	70.01	SLEEP LAB/NEUROLOGY	0	0	0	0	0	17.00
18.00	66.00	PHYSICAL THERAPY	1,619	81	0	0	0	18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	19.00
20.00	5.00	DR. AH	852	43	0	0	0	20.00
21.00	5.00	DR. AI	4,515	226	0	0	0	21.00
22.00	5.00	DR. AJ	12,353	618	0	0	0	22.00
200.00			302,218	15,113	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	44.00	SKILLED NURSING FACILITY	0	2,215	1,535	1,535		1.00
2.00	40.00	SUBPROVIDER - IPF	0	9,113	20,887	55,027		2.00
3.00	40.00	SUBPROVIDER - IPF	0	0	0	39,996		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	76,420		4.00
5.00	50.00	OPERATING ROOM	0	27,300	10,200	10,200		5.00
6.00	53.00	ANESTHESIOLOGY	0	177,766	0	0		6.00
7.00	91.00	EMERGENCY	0	1,193	18,807	438,857		7.00
8.00	54.00	DR. AA	0	32,170	51,830	51,830		8.00
9.00	54.00	DR. AB	0	325	1,742	1,742		9.00
10.00	54.00	DR. AC	0	9,965	0	0		10.00
11.00	76.97	DR. AD	0	341	2,159	2,159		11.00
12.00	76.97	DR. AE	0	1,533	917	917		12.00
13.00	65.00	RESPIRATORY THERAPY	0	7,582	0	42,704		13.00
14.00	76.01	WOUND CARE	0	5,623	9,977	9,977		14.00
15.00	70.01	DR. AF	0	7,753	0	0		15.00
16.00	70.01	DR. AG	0	0	0	5,500		16.00
17.00	70.01	SLEEP LAB/NEUROLOGY	0	0	0	5,500		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140176

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
18.00	66.00	PHYSICAL THERAPY	0	1,619	8,881	8,881		18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	97,855		19.00
20.00	5.00	DR. AH	0	852	2,561	2,561		20.00
21.00	5.00	DR. AI	0	4,515	2,499	2,499		21.00
22.00	5.00	DR. AJ	0	12,353	0	0		22.00
200.00			0	302,218	131,995	854,160		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,540,090	2,540,090			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,262,909		4,262,909		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,899,298	0	0	10,899,298	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,297,766	979,317	1,643,539	560,558	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,486,838	345,085	579,140	201,161	6.00
7.00 00700	OPERATION OF PLANT	2,166,391	10,492	17,608	302,593	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	448,147	5,933	9,957	25,782	8.00
9.00 00900	HOUSEKEEPING	1,487,853	26,471	44,425	274,002	9.00
10.00 01000	DIETARY	1,199,687	92,731	155,626	172,280	10.00
11.00 01100	CAFETERIA	592,721	0	0	153,907	11.00
13.00 01300	NURSING ADMINISTRATION	1,469,380	3,528	5,922	331,345	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	889,131	52,224	87,645	68,122	14.00
15.00 01500	PHARMACY	3,034,329	19,479	32,690	755,541	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,913,942	26,951	45,231	288	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	8,128,145	218,522	366,735	2,029,784	30.00
31.00 03100	INTENSIVE CARE UNIT	2,318,461	57,876	97,130	536,736	31.00
40.00 04000	SUBPROVIDER - IPF	2,926,623	89,273	149,822	778,343	40.00
43.00 04300	NURSERY	154,334	2,432	4,081	32,686	43.00
44.00 04400	SKILLED NURSING FACILITY	506,802	27,207	45,660	18,643	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	6,638,784	104,615	175,570	1,235,664	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	322,474	0	0	64,744	52.00
53.00 05300	ANESTHESIOLOGY	229,354	0	0	4,202	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,645,762	93,465	156,858	654,724	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	543,932	9,805	16,455	71,945	56.00
57.00 05700	CT SCAN	810,681	10,851	18,210	150,638	57.00
58.00 05800	MRI	373,542	14,410	24,184	66,482	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	2,851,023	47,689	80,034	65	60.00
65.00 06500	RESPIRATORY THERAPY	962,916	0	0	208,017	65.00
66.00 06600	PHYSICAL THERAPY	967,989	11,745	19,710	253,974	66.00
67.00 06700	OCCUPATIONAL THERAPY	89,312	0	0	24,222	67.00
68.00 06800	SPEECH PATHOLOGY	70,035	0	0	18,903	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	714,731	24,098	40,443	162,083	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,686,763	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,062,468	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,837,836	0	0	0	73.00
76.00 03140	CARDIOLOGY	290,389	60,858	102,135	71,883	76.00
76.01 03950	WOUND CARE	1,114,572	0	0	130,683	76.01
76.97 07697	CARDIAC REHABILITATION	320,026	25,456	42,722	84,137	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	285,543	0	0	28,958	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	778,777	62,328	104,602	204,990	90.03
90.04 09004	DIABETES CENTER	69,702	0	0	17,563	90.04
91.00 09100	EMERGENCY	3,850,900	82,200	137,953	828,751	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	103,240,358	2,505,041	4,204,087	10,524,399	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,528	5,922	0	190.00
190.02 19002	CRISIS PROGRAM	1,433,252	14,456	24,261	374,899	190.02
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	17,065	28,639	0	192.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	104,673,610	2,540,090	4,262,909	10,899,298	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/20/2015 10:17 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	24,481,180				5.00
6.00	00600	MAINTENANCE & REPAIRS	797,460	3,409,684			6.00
7.00	00700	OPERATION OF PLANT	762,310	29,426	3,288,820		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	149,532	16,640	16,190	672,181	8.00
9.00	00900	HOUSEKEEPING	559,502	74,245	72,236	0	2,538,734
10.00	01000	DIETARY	494,653	260,086	253,051	0	200,734
11.00	01100	CAFETERIA	227,931	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	552,610	9,896	9,629	0	7,638
14.00	01400	CENTRAL SERVICES & SUPPLY	334,929	146,475	142,513	0	113,049
15.00	01500	PHARMACY	1,172,898	54,633	53,155	0	42,165
16.00	01600	MEDICAL RECORDS & LIBRARY	606,412	75,591	73,546	0	58,341
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,279,713	612,898	596,319	160,260	473,033
31.00	03100	INTENSIVE CARE UNIT	918,955	162,327	157,936	27,802	125,284
40.00	04000	SUBPROVIDER - IPF	1,204,043	250,387	243,614	34,788	193,248
43.00	04300	NURSERY	59,082	6,820	6,636	12,309	5,264
44.00	04400	SKILLED NURSING FACILITY	182,653	76,308	74,244	4,432	58,895
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,489,446	293,417	285,480	153,176	226,459
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,210	0	0	31,844	0
53.00	05300	ANESTHESIOLOGY	71,300	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,389,271	262,144	255,053	52,294	202,323
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	196,032	27,500	26,756	0	21,224
57.00	05700	CT SCAN	302,343	30,434	29,610	0	23,489
58.00	05800	MRI	146,113	40,417	39,324	0	31,194
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	909,371	133,754	130,136	0	103,231
65.00	06500	RESPIRATORY THERAPY	357,462	0	0	0	0
66.00	06600	PHYSICAL THERAPY	382,643	32,940	32,049	0	25,423
67.00	06700	OCCUPATIONAL THERAPY	34,660	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	27,151	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	287,377	67,589	65,760	0	52,165
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,125,495	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	629,630	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,476,895	0	0	0	0
76.00	03140	CARDIOLOGY	160,353	170,691	166,073	39,055	131,739
76.01	03950	WOUND CARE	380,151	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	144,196	71,398	69,467	51,632	55,105
76.98	07698	HYPERBARIC OXYGEN THERAPY	96,011	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOMENS CENTER	0	0	0	0	0
90.02	09002	PSYCH SERVICES	0	0	0	0	0
90.03	09003	OP BEHAVIORAL HEALTH	351,285	174,814	170,085	0	134,921
90.04	09004	DIABETES CENTER	26,640	0	0	0	0
91.00	09100	EMERGENCY	1,495,812	230,551	224,314	104,589	177,939
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,900,530	3,311,381	3,193,176	672,181	2,462,863
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,885	9,896	9,629	0	7,638
190.02	19002	CRISIS PRGRAM	563,812	40,545	39,448	0	31,293
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,953	47,862	46,567	0	36,940
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	24,481,180	3,409,684	3,288,820	672,181	2,538,734

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	2,828,848					10.00	
11.00	01100	0	974,559				11.00	
13.00	01300	0	28,111	2,418,059			13.00	
14.00	01400	0	13,844	0	1,847,932		14.00	
15.00	01500	0	61,713	0	0	5,226,603	15.00	
16.00	01600	0	42	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	1,640,356	240,132	825,752	0	0	30.00	
31.00	03100	284,165	53,254	183,128	0	0	31.00	
40.00	04000	802,983	83,740	287,960	0	0	40.00	
43.00	04300	0	3,540	12,174	0	0	43.00	
44.00	04400	101,344	1,781	6,124	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	0	121,327	417,213	0	0	50.00	
52.00	05200	0	7,166	24,641	0	0	52.00	
53.00	05300	0	784	2,697	0	0	53.00	
54.00	05400	0	68,306	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	5,851	0	0	0	56.00	
57.00	05700	0	14,522	0	0	0	57.00	
58.00	05800	0	5,470	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	0	0	0	0	60.00	
65.00	06500	0	23,956	82,378	0	0	65.00	
66.00	06600	0	29,001	0	0	0	66.00	
67.00	06700	0	2,141	0	0	0	67.00	
68.00	06800	0	1,526	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	17,956	61,747	0	0	70.01	
71.00	07100	0	0	0	1,185,009	0	71.00	
72.00	07200	0	0	0	662,923	0	72.00	
73.00	07300	0	0	0	0	5,226,603	73.00	
76.00	03140	0	7,950	27,338	0	0	76.00	
76.01	03950	0	16,345	56,207	0	0	76.01	
76.97	07697	0	7,992	27,484	0	0	76.97	
76.98	07698	0	3,625	12,466	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	25,970	89,304	0	0	90.03	
90.04	09004	0	2,056	0	0	0	90.04	
91.00	09100	0	87,662	301,446	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		2,828,848	935,763	2,418,059	1,847,932	5,226,603	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	38,796	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		2,828,848	974,559	2,418,059	1,847,932	5,226,603	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
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	2,800,344					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	217,173	0	18,788,822	0	18,788,822	30.00
31.00	03100	INTENSIVE CARE UNIT	53,387	0	4,976,441	0	4,976,441	31.00
40.00	04000	SUBPROVIDER - IPF	76,498	0	7,121,322	0	7,121,322	40.00
43.00	04300	NURSERY	3,467	0	302,825	0	302,825	43.00
44.00	04400	SKILLED NURSING FACILITY	3,479	0	1,107,572	0	1,107,572	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	438,660	0	12,579,811	0	12,579,811	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,971	0	578,050	0	578,050	52.00
53.00	05300	ANESTHESIOLOGY	47,539	0	355,876	0	355,876	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	302,199	0	7,082,399	0	7,082,399	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	41,896	0	961,396	0	961,396	56.00
57.00	05700	CT SCAN	271,291	0	1,662,069	0	1,662,069	57.00
58.00	05800	MRI	94,272	0	835,408	0	835,408	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	233,877	0	4,489,180	0	4,489,180	60.00
65.00	06500	RESPIRATORY THERAPY	39,476	0	1,674,205	0	1,674,205	65.00
66.00	06600	PHYSICAL THERAPY	41,476	0	1,796,950	0	1,796,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,094	0	154,429	0	154,429	67.00
68.00	06800	SPEECH PATHOLOGY	2,264	0	119,879	2	119,879	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	60,092	0	1,554,041	0	1,554,041	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,219	0	6,088,486	0	6,088,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,848	0	3,420,869	0	3,420,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	259,498	0	11,800,832	0	11,800,832	73.00
76.00	03140	CARDIOLOGY	19,389	0	1,247,853	0	1,247,853	76.00
76.01	03950	WOUND CARE	64,835	0	1,762,793	0	1,762,793	76.01
76.97	07697	CARDIAC REHABILITATION	8,987	0	908,602	0	908,602	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,038	0	443,641	0	443,641	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	49,342	0	2,146,418	0	2,146,418	90.03
90.04	09004	DIABETES CENTER	1,158	0	117,119	0	117,119	90.04
91.00	09100	EMERGENCY	282,919	0	7,805,036	0	7,805,036	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,800,344	0	101,882,324	0	101,882,324	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	39,498	0	39,498	190.00
190.02	19002	CRISIS PROGRAM	0	0	2,560,762	0	2,560,762	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	191,026	0	191,026	192.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,800,344	0	104,673,610	0	104,673,610	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140176

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

Worksheet Non-CMS W

Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTE	11.00
13.00	NURSING ADMINISTRATION	13	NURSING HOURS/FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS	14.00
15.00	PHARMACY	15	COSTED REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	16	TIME SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
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	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	725,546	979,317	1,643,539	5.00
6.00 00600	MAINTENANCE & REPAIRS	19,200	345,085	579,140	6.00
7.00 00700	OPERATION OF PLANT	6,142	10,492	17,608	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,933	9,957	8.00
9.00 00900	HOUSEKEEPING	0	26,471	44,425	9.00
10.00 01000	DIETARY	3,226	92,731	155,626	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	900	3,528	5,922	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	180,194	52,224	87,645	14.00
15.00 01500	PHARMACY	415,255	19,479	32,690	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	26,951	45,231	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	218,522	366,735	30.00
31.00 03100	INTENSIVE CARE UNIT	16,188	57,876	97,130	31.00
40.00 04000	SUBPROVIDER - IPF	970	89,273	149,822	40.00
43.00 04300	NURSERY	0	2,432	4,081	43.00
44.00 04400	SKILLED NURSING FACILITY	159	27,207	45,660	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	91,044	104,615	175,570	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,019	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	404,316	93,465	156,858	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	9,805	16,455	56.00
57.00 05700	CT SCAN	0	10,851	18,210	57.00
58.00 05800	MRI	0	14,410	24,184	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	47,689	80,034	60.00
65.00 06500	RESPIRATORY THERAPY	2,076	0	0	65.00
66.00 06600	PHYSICAL THERAPY	215,807	11,745	19,710	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	57,165	24,098	40,443	70.01
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
76.00 03140	CARDIOLOGY	114	60,858	102,135	76.00
76.01 03950	WOUND CARE	111,795	0	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	25,456	42,722	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	30,473	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	57	62,328	104,602	90.03
90.04 09004	DIABETES CENTER	16,497	0	0	90.04
91.00 09100	EMERGENCY	19,193	82,200	137,953	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,317,336	2,505,041	4,204,087	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,528	5,922	190.00
190.02 19002	CRISIS PROGRAM	0	14,456	24,261	190.02
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	17,065	28,639	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,317,336	2,540,090	4,262,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/20/2015 10:17 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
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	3,348,402			5.00		
6.00	00600	MAINTENANCE & REPAIRS	109,073	1,052,498		6.00		
7.00	00700	OPERATION OF PLANT	104,266	9,083	147,591	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	20,452	5,136	727	42,205	8.00	
9.00	00900	HOUSEKEEPING	76,527	22,918	3,242	0	173,583	9.00
10.00	01000	DIETARY	67,657	80,283	11,356	0	13,725	10.00
11.00	01100	CAFETERIA	31,175	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	75,584	3,055	432	0	522	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,810	45,214	6,396	0	7,730	14.00
15.00	01500	PHARMACY	160,424	16,864	2,385	0	2,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	82,943	23,333	3,301	0	3,989	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	448,550	189,190	26,759	10,063	32,343	30.00
31.00	03100	INTENSIVE CARE UNIT	125,691	50,107	7,088	1,746	8,566	31.00
40.00	04000	SUBPROVIDER - IPF	164,684	77,289	10,933	2,184	13,213	40.00
43.00	04300	NURSERY	8,081	2,105	298	773	360	43.00
44.00	04400	SKILLED NURSING FACILITY	24,983	23,555	3,332	278	4,027	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	340,497	90,572	12,811	9,618	15,484	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,168	0	0	1,999	0	52.00
53.00	05300	ANESTHESIOLOGY	9,752	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	190,019	80,918	11,446	3,283	13,834	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	26,812	8,489	1,201	0	1,451	56.00
57.00	05700	CT SCAN	41,353	9,394	1,329	0	1,606	57.00
58.00	05800	MRI	19,985	12,476	1,765	0	2,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	124,380	41,287	5,840	0	7,058	60.00
65.00	06500	RESPIRATORY THERAPY	48,892	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	52,336	10,168	1,438	0	1,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,741	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,714	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	39,306	20,863	2,951	0	3,567	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	153,941	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	86,118	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	202,004	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	21,932	52,689	7,453	2,452	9,007	76.00
76.01	03950	WOUND CARE	51,996	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	19,723	22,039	3,117	3,242	3,768	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,132	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	48,047	53,961	7,633	0	9,225	90.03
90.04	09004	DIABETES CENTER	3,644	0	0	0	0	90.04
91.00	09100	EMERGENCY	204,591	71,166	10,066	6,567	12,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,268,983	1,022,154	143,299	42,205	168,395	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	395	3,055	432	0	522	190.00
190.02	19002	CRISIS PROGRAM	77,116	12,515	1,770	0	2,140	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,908	14,774	2,090	0	2,526	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,348,402	1,052,498	147,591	42,205	173,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/20/2015 10:17 am
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	424,604					10.00	
11.00	01100	0	31,175				11.00	
13.00	01300	0	899	90,842			13.00	
14.00	01400	0	443	0	425,656		14.00	
15.00	01500	0	1,974	0	0	651,954	15.00	
16.00	01600	0	1	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	246,214	7,682	31,021	0	0	30.00	
31.00	03100	42,653	1,704	6,880	0	0	31.00	
40.00	04000	120,526	2,679	10,818	0	0	40.00	
43.00	04300	0	113	457	0	0	43.00	
44.00	04400	15,211	57	230	0	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	0	3,881	15,674	0	0	50.00	
52.00	05200	0	229	926	0	0	52.00	
53.00	05300	0	25	101	0	0	53.00	
54.00	05400	0	2,185	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	187	0	0	0	56.00	
57.00	05700	0	465	0	0	0	57.00	
58.00	05800	0	175	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	0	0	0	0	60.00	
65.00	06500	0	766	3,095	0	0	65.00	
66.00	06600	0	928	0	0	0	66.00	
67.00	06700	0	68	0	0	0	67.00	
68.00	06800	0	49	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	574	2,320	0	0	70.01	
71.00	07100	0	0	0	272,957	0	71.00	
72.00	07200	0	0	0	152,699	0	72.00	
73.00	07300	0	0	0	0	651,954	73.00	
76.00	03140	0	254	1,027	0	0	76.00	
76.01	03950	0	523	2,112	0	0	76.01	
76.97	07697	0	256	1,033	0	0	76.97	
76.98	07698	0	116	468	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	831	3,355	0	0	90.03	
90.04	09004	0	66	0	0	0	90.04	
91.00	09100	0	2,804	11,325	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		424,604	29,934	90,842	425,656	651,954	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	1,241	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		424,604	31,175	90,842	425,656	651,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	185,749				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,409	0	1,591,488	0	1,591,488
31.00	03100	INTENSIVE CARE UNIT	3,542	0	419,171	0	419,171
40.00	04000	SUBPROVIDER - IPF	5,076	0	647,467	0	647,467
43.00	04300	NURSERY	230	0	18,930	0	18,930
44.00	04400	SKILLED NURSING FACILITY	231	0	144,930	0	144,930
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,052	0	888,818	0	888,818
52.00	05200	DELIVERY ROOM & LABOR ROOM	595	0	19,917	0	19,917
53.00	05300	ANESTHESIOLOGY	3,154	0	14,051	0	14,051
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,051	0	976,375	0	976,375
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,780	0	67,180	0	67,180
57.00	05700	CT SCAN	18,000	0	101,208	0	101,208
58.00	05800	MRI	6,255	0	81,383	0	81,383
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	15,518	0	321,806	0	321,806
65.00	06500	RESPIRATORY THERAPY	2,619	0	57,448	0	57,448
66.00	06600	PHYSICAL THERAPY	2,752	0	316,622	0	316,622
67.00	06700	OCCUPATIONAL THERAPY	272	0	5,081	0	5,081
68.00	06800	SPEECH PATHOLOGY	150	0	3,913	0	3,913
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	3,987	0	195,274	0	195,274
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,052	0	432,950	0	432,950
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,369	0	243,186	0	243,186
73.00	07300	DRUGS CHARGED TO PATIENTS	17,218	0	871,176	0	871,176
76.00	03140	CARDIOLOGY	1,286	0	259,207	0	259,207
76.01	03950	WOUND CARE	4,302	0	170,728	0	170,728
76.97	07697	CARDIAC REHABILITATION	596	0	121,952	0	121,952
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,130	0	45,319	0	45,319
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOMENS CENTER	0	0	0	0	0
90.02	09002	PSYCH SERVICES	0	0	0	0	0
90.03	09003	OP BEHAVIORAL HEALTH	3,274	0	293,313	0	293,313
90.04	09004	DIABETES CENTER	77	0	20,284	0	20,284
91.00	09100	EMERGENCY	18,772	0	576,803	0	576,803
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	185,749	0	8,905,980	0	8,905,980
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	13,854	0	13,854
190.02	19002	CRISIS PROGRAM	0	0	133,499	0	133,499
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	67,002	0	67,002
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	185,749	0	9,120,335	0	9,120,335

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

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

Worksheet B-1

Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,904,674				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,904,674			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	39,697,698		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,505,424	1,505,424	2,041,682	-24,481,180	5.00
6.00 00600	MAINTENANCE & REPAIRS	530,472	530,472	732,675	0	6.00
7.00 00700	OPERATION OF PLANT	16,128	16,128	1,102,115	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	9,120	9,120	93,905	0	8.00
9.00 00900	HOUSEKEEPING	40,692	40,692	997,978	0	9.00
10.00 01000	DIETARY	142,548	142,548	627,482	0	10.00
11.00 01100	CAFETERIA	0	0	560,564	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,424	5,424	1,206,835	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	80,280	80,280	248,117	0	14.00
15.00 01500	PHARMACY	29,943	29,943	2,751,856	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	41,430	41,430	1,049	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	335,916	335,916	7,392,876	0	30.00
31.00 03100	INTENSIVE CARE UNIT	88,968	88,968	1,954,918	0	31.00
40.00 04000	SUBPROVIDER - IPF	137,232	137,232	2,834,904	0	40.00
43.00 04300	NURSERY	3,738	3,738	119,050	0	43.00
44.00 04400	SKILLED NURSING FACILITY	41,823	41,823	67,901	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	160,816	160,816	4,500,572	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	235,814	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	15,305	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	143,676	143,676	2,384,655	0	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	15,072	15,072	262,042	0	56.00
57.00 05700	CT SCAN	16,680	16,680	548,658	0	57.00
58.00 05800	MRI	22,152	22,152	242,141	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	73,308	73,308	237	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	757,646	0	65.00
66.00 06600	PHYSICAL THERAPY	18,054	18,054	925,032	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	88,221	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68,850	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	37,044	37,044	590,343	0	70.01
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
76.00 03140	CARDIOLOGY	93,552	93,552	261,815	0	76.00
76.01 03950	WOUND CARE	0	0	475,979	0	76.01
76.97 07697	CARDIAC REHABILITATION	39,132	39,132	306,448	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	105,473	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	95,812	95,812	746,621	0	90.03
90.04 09004	DIABETES CENTER	0	0	63,970	0	90.04
91.00 09100	EMERGENCY	126,360	126,360	3,018,502	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,850,796	3,850,796	38,332,231	-24,481,180	78,290,408
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,424	5,424	0	0	9,450
190.02 19002	CRISIS PROGRAM	22,222	22,222	1,365,467	0	1,846,868
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,232	26,232	0	0	45,704
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,540,090	4,262,909	10,899,298		24,481,180
203.00	Unit cost multiplier (Wkst. B, Part I)	0.650525	1.091745	0.274557		0.305280
204.00	Cost to be allocated (per Wkst. B, Part II)			0		3,348,402

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

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

Worksheet B-1

Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00   Unit cost multiplier (Wkst. B, Part II)			4.00 0.000000	5A	5.00 0.041755	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

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

Worksheet B-1

Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	1,868,778					6.00
7.00	00700	16,128	1,852,650				7.00
8.00	00800	9,120	9,120	576,607			8.00
9.00	00900	40,692	40,692	0	1,802,838		9.00
10.00	01000	142,548	142,548	0	142,548	165,750	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	5,424	5,424	0	5,424	0	13.00
14.00	01400	80,280	80,280	0	80,280	0	14.00
15.00	01500	29,943	29,943	0	29,943	0	15.00
16.00	01600	41,430	41,430	0	41,430	0	16.00
17.00	01700	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	335,916	335,916	137,472	335,916	96,113	30.00
31.00	03100	88,968	88,968	23,849	88,968	16,650	31.00
40.00	04000	137,232	137,232	29,842	137,232	47,049	40.00
43.00	04300	3,738	3,738	10,559	3,738	0	43.00
44.00	04400	41,823	41,823	3,802	41,823	5,938	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	160,816	160,816	131,397	160,816	0	50.00
52.00	05200	0	0	27,316	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	143,676	143,676	44,859	143,676	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	15,072	15,072	0	15,072	0	56.00
57.00	05700	16,680	16,680	0	16,680	0	57.00
58.00	05800	22,152	22,152	0	22,152	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	73,308	73,308	0	73,308	0	60.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	18,054	18,054	0	18,054	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	37,044	37,044	0	37,044	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	93,552	93,552	33,502	93,552	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	39,132	39,132	44,291	39,132	0	76.97
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	95,812	95,812	0	95,812	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	126,360	126,360	89,718	126,360	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		1,814,900	1,798,772	576,607	1,748,960	165,750	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	5,424	5,424	0	5,424	0	190.00
190.02	19002	22,222	22,222	0	22,222	0	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	26,232	26,232	0	26,232	0	192.00
200.00							200.00
201.00							201.00
202.00		3,409,684	3,288,820	672,181	2,538,734	2,828,848	202.00
203.00		1.824553	1.775198	1.165752	1.408188	17.066956	203.00
204.00		1,052,498	147,591	42,205	173,583	424,604	204.00
205.00		0.563201	0.079665	0.073195	0.096283	2.561713	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

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

Worksheet B-1

Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description			CAFETERIA (FTE)	NURSING ADMINISTRATION (NURSING HOURS/FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	45,970					11.00
13.00	01300	NURSING ADMINISTRATION	1,326	33,169				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653	0	5,749,231			14.00
15.00	01500	PHARMACY	2,911	0	0	4,837,836		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2	0	0	0	349,910,684	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,327	11,327	0	0	27,136,498	30.00
31.00	03100	INTENSIVE CARE UNIT	2,512	2,512	0	0	6,670,835	31.00
40.00	04000	SUBPROVIDER - IPF	3,950	3,950	0	0	9,558,699	40.00
43.00	04300	NURSERY	167	167	0	0	433,229	43.00
44.00	04400	SKILLED NURSING FACILITY	84	84	0	0	434,751	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,723	5,723	0	0	54,810,638	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	338	338	0	0	1,120,924	52.00
53.00	05300	ANESTHESIOLOGY	37	37	0	0	5,940,141	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,222	0	0	0	37,760,748	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	276	0	0	0	5,235,018	56.00
57.00	05700	CT SCAN	685	0	0	0	33,898,705	57.00
58.00	05800	MRI	258	0	0	0	11,779,583	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	29,223,635	60.00
65.00	06500	RESPIRATORY THERAPY	1,130	1,130	0	0	4,932,701	65.00
66.00	06600	PHYSICAL THERAPY	1,368	0	0	0	5,182,591	66.00
67.00	06700	OCCUPATIONAL THERAPY	101	0	0	0	511,568	67.00
68.00	06800	SPEECH PATHOLOGY	72	0	0	0	282,936	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	847	847	0	0	7,508,651	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,686,763	0	11,398,161	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,062,468	0	8,227,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,837,836	32,425,089	73.00
76.00	03140	CARDIOLOGY	375	375	0	0	2,422,674	76.00
76.01	03950	WOUND CARE	771	771	0	0	8,101,343	76.01
76.97	07697	CARDIAC REHABILITATION	377	377	0	0	1,122,969	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	171	171	0	0	2,128,921	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	1,225	1,225	0	0	6,165,436	90.03
90.04	09004	DIABETES CENTER	97	0	0	0	144,750	90.04
91.00	09100	EMERGENCY	4,135	4,135	0	0	35,351,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,140	33,169	5,749,231	4,837,836	349,910,684	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	CRISIS PROGRAM	1,830	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	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)	974,559	2,418,059	1,847,932	5,226,603	2,800,344	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.199891	72.901173	0.321422	1.080360	0.008003	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,175	90,842	425,656	651,954	185,749	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.678160	2.738762	0.074037	0.134761	0.000531	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

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

Worksheet B-1  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	09001	WOMENS CENTER	90.01
90.02	09002	PSYCH SERVICES	90.02
90.03	09003	OP BEHAVIORAL HEALTH	90.03
90.04	09004	DIABETES CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.02	19002	CRISIS PROGRAM	190.02
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	18,788,822	18,788,822	0	18,788,822	30.00
31.00	03100 INTENSIVE CARE UNIT	4,976,441	4,976,441	0	4,976,441	31.00
40.00	04000 SUBPROVIDER - I/PF	7,121,322	7,121,322	20,887	7,142,209	40.00
43.00	04300 NURSERY	302,825	302,825	0	302,825	43.00
44.00	04400 SKILLED NURSING FACILITY	1,107,572	1,107,572	1,535	1,109,107	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	12,579,811	12,579,811	10,200	12,590,011	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	578,050	578,050	0	578,050	52.00
53.00	05300 ANESTHESIOLOGY	355,876	355,876	0	355,876	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,082,399	7,082,399	53,572	7,135,971	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	961,396	961,396	0	961,396	56.00
57.00	05700 CT SCAN	1,662,069	1,662,069	0	1,662,069	57.00
58.00	05800 MRI	835,408	835,408	0	835,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	4,489,180	4,489,180	0	4,489,180	60.00
65.00	06500 RESPIRATORY THERAPY	1,674,205	1,674,205	0	1,674,205	65.00
66.00	06600 PHYSICAL THERAPY	1,796,950	1,796,950	8,881	1,805,831	66.00
67.00	06700 OCCUPATIONAL THERAPY	154,429	154,429	0	154,429	67.00
68.00	06800 SPEECH PATHOLOGY	119,879	119,879	0	119,879	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	1,554,041	1,554,041	0	1,554,041	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,088,486	6,088,486	0	6,088,486	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,420,869	3,420,869	0	3,420,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,800,832	11,800,832	0	11,800,832	73.00
76.00	03140 RADIOLOGY	1,247,853	1,247,853	0	1,247,853	76.00
76.01	03950 WOUND CARE	1,762,793	1,762,793	9,977	1,772,770	76.01
76.97	07697 CARDIAC REHABILITATION	908,602	908,602	3,076	911,678	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	443,641	443,641	0	443,641	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	2,146,418	2,146,418	0	2,146,418	90.03
90.04	09004 DIABETES CENTER	117,119	117,119	0	117,119	90.04
91.00	09100 EMERGENCY	7,805,036	7,805,036	18,807	7,823,843	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,680,685	2,680,685	0	2,680,685	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	104,563,009	104,563,009	126,935	104,689,944	200.00
201.00	Less Observation Beds	2,680,685	2,680,685		2,680,685	201.00
202.00	Total (see instructions)	101,882,324	101,882,324	126,935	102,009,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,833,205		23,833,205		30.00
31.00	03100	INTENSIVE CARE UNIT	6,670,835		6,670,835		31.00
40.00	04000	SUBPROVIDER - IPF	9,558,699		9,558,699		40.00
43.00	04300	NURSERY	433,229		433,229		43.00
44.00	04400	SKILLED NURSING FACILITY	434,751		434,751		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,029,115	42,781,523	54,810,638	0.229514	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	911,286	209,638	1,120,924	0.515691	52.00
53.00	05300	ANESTHESIOLOGY	1,607,853	4,332,288	5,940,141	0.059910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,247,467	32,513,281	37,760,748	0.187560	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	785,448	4,449,570	5,235,018	0.183647	56.00
57.00	05700	CT SCAN	8,382,881	25,515,824	33,898,705	0.049030	57.00
58.00	05800	MRI	1,596,944	10,182,639	11,779,583	0.070920	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	14,754,761	14,468,874	29,223,635	0.153615	60.00
65.00	06500	RESPIRATORY THERAPY	4,172,208	760,493	4,932,701	0.339409	65.00
66.00	06600	PHYSICAL THERAPY	1,048,227	4,134,364	5,182,591	0.346728	66.00
67.00	06700	OCCUPATIONAL THERAPY	484,105	27,463	511,568	0.301874	67.00
68.00	06800	SPEECH PATHOLOGY	270,193	12,743	282,936	0.423697	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	105,119	7,403,532	7,508,651	0.206967	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,707,090	5,691,071	11,398,161	0.534164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,159,509	3,068,381	8,227,890	0.415765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,341,150	17,083,939	32,425,089	0.363941	73.00
76.00	03140	CARDIOLOGY	224,436	2,198,238	2,422,674	0.515073	76.00
76.01	03950	WOUND CARE	12,362	8,088,981	8,101,343	0.217593	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,122,969	1,122,969	0.809107	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,128,921	2,128,921	0.208388	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	2,953	6,162,483	6,165,436	0.348137	90.03
90.04	09004	DIABETES CENTER	0	144,750	144,750	0.809112	90.04
91.00	09100	EMERGENCY	7,583,761	27,767,839	35,351,600	0.220783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	3,303,293	0.811519	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	126,357,587	223,553,097	349,910,684		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	126,357,587	223,553,097	349,910,684		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

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

Worksheet C  
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.229700			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.515691			52.00
53.00	05300 ANESTHESIOLOGY	0.059910			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188979			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.183647			56.00
57.00	05700 CT SCAN	0.049030			57.00
58.00	05800 MRI	0.070920			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.153615			60.00
65.00	06500 RESPIRATORY THERAPY	0.339409			65.00
66.00	06600 PHYSICAL THERAPY	0.348442			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301874			67.00
68.00	06800 SPEECH PATHOLOGY	0.423697			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.206967			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.534164			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.415765			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.363941			73.00
76.00	03140 CARDIOLOGY	0.515073			76.00
76.01	03950 WOUND CARE	0.218824			76.01
76.97	07697 CARDIAC REHABILITATION	0.811846			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.208388			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOMENS CENTER	0.000000			90.01
90.02	09002 PSYCH SERVICES	0.000000			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.348137			90.03
90.04	09004 DIABETES CENTER	0.809112			90.04
91.00	09100 EMERGENCY	0.221315			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.811519			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
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: 140176

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

Worksheet C  
Part I  
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	18,788,822		18,788,822	0	18,788,822	30.00
31.00	03100 INTENSIVE CARE UNIT	4,976,441		4,976,441	0	4,976,441	31.00
40.00	04000 SUBPROVIDER - IPF	7,121,322		7,121,322	20,887	7,142,209	40.00
43.00	04300 NURSERY	302,825		302,825	0	302,825	43.00
44.00	04400 SKILLED NURSING FACILITY	1,107,572		1,107,572	1,535	1,109,107	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	12,579,811		12,579,811	10,200	12,590,011	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	578,050		578,050	0	578,050	52.00
53.00	05300 ANESTHESIOLOGY	355,876		355,876	0	355,876	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,082,399		7,082,399	53,572	7,135,971	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	961,396		961,396	0	961,396	56.00
57.00	05700 CT SCAN	1,662,069		1,662,069	0	1,662,069	57.00
58.00	05800 MRI	835,408		835,408	0	835,408	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	4,489,180		4,489,180	0	4,489,180	60.00
65.00	06500 RESPIRATORY THERAPY	1,674,205	0	1,674,205	0	1,674,205	65.00
66.00	06600 PHYSICAL THERAPY	1,796,950	0	1,796,950	8,881	1,805,831	66.00
67.00	06700 OCCUPATIONAL THERAPY	154,429	0	154,429	0	154,429	67.00
68.00	06800 SPEECH PATHOLOGY	119,879	0	119,879	0	119,879	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	1,554,041		1,554,041	0	1,554,041	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	6,088,486		6,088,486	0	6,088,486	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,420,869		3,420,869	0	3,420,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,800,832		11,800,832	0	11,800,832	73.00
76.00	03140 RADIOLOGY	1,247,853		1,247,853	0	1,247,853	76.00
76.01	03950 WOUND CARE	1,762,793		1,762,793	9,977	1,772,770	76.01
76.97	07697 CARDIAC REHABILITATION	908,602		908,602	3,076	911,678	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	443,641		443,641	0	443,641	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 WOMENS CENTER	0		0	0	0	90.01
90.02	09002 PSYCH SERVICES	0		0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	2,146,418		2,146,418	0	2,146,418	90.03
90.04	09004 DIABETES CENTER	117,119		117,119	0	117,119	90.04
91.00	09100 EMERGENCY	7,805,036		7,805,036	18,807	7,823,843	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,680,685		2,680,685	0	2,680,685	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	104,563,009	0	104,563,009	126,935	104,689,944	200.00
201.00	Less Observation Beds	2,680,685		2,680,685		2,680,685	201.00
202.00	Total (see instructions)	101,882,324	0	101,882,324	126,935	102,009,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

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

Worksheet C  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,833,205		23,833,205		30.00
31.00	03100	INTENSIVE CARE UNIT	6,670,835		6,670,835		31.00
40.00	04000	SUBPROVIDER - IPF	9,558,699		9,558,699		40.00
43.00	04300	NURSERY	433,229		433,229		43.00
44.00	04400	SKILLED NURSING FACILITY	434,751		434,751		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,029,115	42,781,523	54,810,638	0.229514	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	911,286	209,638	1,120,924	0.515691	52.00
53.00	05300	ANESTHESIOLOGY	1,607,853	4,332,288	5,940,141	0.059910	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,247,467	32,513,281	37,760,748	0.187560	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	785,448	4,449,570	5,235,018	0.183647	56.00
57.00	05700	CT SCAN	8,382,881	25,515,824	33,898,705	0.049030	57.00
58.00	05800	MRI	1,596,944	10,182,639	11,779,583	0.070920	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	14,754,761	14,468,874	29,223,635	0.153615	60.00
65.00	06500	RESPIRATORY THERAPY	4,172,208	760,493	4,932,701	0.339409	65.00
66.00	06600	PHYSICAL THERAPY	1,048,227	4,134,364	5,182,591	0.346728	66.00
67.00	06700	OCCUPATIONAL THERAPY	484,105	27,463	511,568	0.301874	67.00
68.00	06800	SPEECH PATHOLOGY	270,193	12,743	282,936	0.423697	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	105,119	7,403,532	7,508,651	0.206967	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,707,090	5,691,071	11,398,161	0.534164	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,159,509	3,068,381	8,227,890	0.415765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,341,150	17,083,939	32,425,089	0.363941	73.00
76.00	03140	CARDIOLOGY	224,436	2,198,238	2,422,674	0.515073	76.00
76.01	03950	WOUND CARE	12,362	8,088,981	8,101,343	0.217593	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,122,969	1,122,969	0.809107	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,128,921	2,128,921	0.208388	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	2,953	6,162,483	6,165,436	0.348137	90.03
90.04	09004	DIABETES CENTER	0	144,750	144,750	0.809112	90.04
91.00	09100	EMERGENCY	7,583,761	27,767,839	35,351,600	0.220783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	3,303,293	0.811519	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	126,357,587	223,553,097	349,910,684		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	126,357,587	223,553,097	349,910,684		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

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

Worksheet C  
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000			70.01
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
76.00	03140 RADIOLOGY	0.000000			76.00
76.01	03950 WOUND CARE	0.000000			76.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOMENS CENTER	0.000000			90.01
90.02	09002 PSYCH SERVICES	0.000000			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.000000			90.03
90.04	09004 DIABETES CENTER	0.000000			90.04
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE				113.00
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: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/20/2015 10:17 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,591,488	0	1,591,488	15,616	101.91	30.00
31.00	INTENSIVE CARE UNIT	419,171	0	419,171	2,330	179.90	31.00
40.00	SUBPROVIDER - IPF	647,467	0	647,467	6,584	98.34	40.00
43.00	NURSERY	18,930		18,930	423	44.75	43.00
44.00	SKILLED NURSING FACILITY	144,930		144,930	831	174.40	44.00
200.00	Total (lines 30-199)	2,821,986		2,821,986	25,784		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,682	782,873				
31.00	INTENSIVE CARE UNIT	1,404	252,580				
40.00	SUBPROVIDER - IPF	1,493	146,822				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	568	99,059				
200.00	Total (lines 30-199)	11,147	1,281,334				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/20/2015 10:17 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	888,818	54,810,638	0.016216	5,531,178	89,694	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,917	1,120,924	0.017768	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,051	5,940,141	0.002365	662,230	1,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	976,375	37,760,748	0.025857	3,434,152	88,797	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	67,180	5,235,018	0.012833	472,452	6,063	56.00
57.00	05700	CT SCAN	101,208	33,898,705	0.002986	4,460,396	13,319	57.00
58.00	05800	MRI	81,383	11,779,583	0.006909	839,271	5,799	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	321,806	29,223,635	0.011012	8,385,658	92,343	60.00
65.00	06500	RESPIRATORY THERAPY	57,448	4,932,701	0.011646	2,604,900	30,337	65.00
66.00	06600	PHYSICAL THERAPY	316,622	5,182,591	0.061093	669,950	40,929	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,081	511,568	0.009932	281,322	2,794	67.00
68.00	06800	SPEECH PATHOLOGY	3,913	282,936	0.013830	199,039	2,753	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	195,274	7,508,651	0.026007	59,784	1,555	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	432,950	11,398,161	0.037984	2,012,560	76,445	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	243,186	8,227,890	0.029556	2,938,281	86,844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	871,176	32,425,089	0.026867	7,542,267	202,638	73.00
76.00	03140	CARDIOLOGY	259,207	2,422,674	0.106992	135,539	14,502	76.00
76.01	03950	WOUND CARE	170,728	8,101,343	0.021074	11,777	248	76.01
76.97	07697	CARDIAC REHABILITATION	121,952	1,122,969	0.108598	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	45,319	2,128,921	0.021287	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0.000000	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	293,313	6,165,436	0.047574	0	0	90.03
90.04	09004	DIABETES CENTER	20,284	144,750	0.140131	0	0	90.04
91.00	09100	EMERGENCY	576,803	35,351,600	0.016316	4,011,759	65,456	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	227,065	3,303,293	0.068739	0	0	92.00
200.00		Total (lines 50-199)	6,311,059	308,979,965		44,252,515	822,082	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/20/2015 10:17 am
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,616	0.00	7,682	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	2,330	0.00	1,404	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	6,584	0.00	1,493	0	0 40.00	
43.00	04300	NURSERY	423	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	831	0.00	568	0	0 44.00	
200.00		Total (lines 30-199)	25,784		11,147	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

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

Worksheet D  
Part IV  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

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

Worksheet D  
Part IV  
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	54,810,638	0.000000	0.000000	5,531,178	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,120,924	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,940,141	0.000000	0.000000	662,230	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,760,748	0.000000	0.000000	3,434,152	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	5,235,018	0.000000	0.000000	472,452	56.00
57.00	05700	CT SCAN	0	33,898,705	0.000000	0.000000	4,460,396	57.00
58.00	05800	MRI	0	11,779,583	0.000000	0.000000	839,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	29,223,635	0.000000	0.000000	8,385,658	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,932,701	0.000000	0.000000	2,604,900	65.00
66.00	06600	PHYSICAL THERAPY	0	5,182,591	0.000000	0.000000	669,950	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	511,568	0.000000	0.000000	281,322	67.00
68.00	06800	SPEECH PATHOLOGY	0	282,936	0.000000	0.000000	199,039	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	7,508,651	0.000000	0.000000	59,784	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,398,161	0.000000	0.000000	2,012,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,227,890	0.000000	0.000000	2,938,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,425,089	0.000000	0.000000	7,542,267	73.00
76.00	03140	CARDIOLOGY	0	2,422,674	0.000000	0.000000	135,539	76.00
76.01	03950	WOUND CARE	0	8,101,343	0.000000	0.000000	11,777	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,122,969	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,128,921	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	6,165,436	0.000000	0.000000	0	90.03
90.04	09004	DIABETES CENTER	0	144,750	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	35,351,600	0.000000	0.000000	4,011,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	308,979,965			44,252,515	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	11,923,104	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	895,874	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,423,350	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,962,212	0	0	0	56.00
57.00	05700	CT SCAN	0	7,071,900	0	0	0	57.00
58.00	05800	MRI	0	2,800,083	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,551,603	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	277,633	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	2,118,308	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,013,983	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	812,322	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,509,567	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	817,037	0	0	0	76.00
76.01	03950	WOUND CARE	0	3,317,514	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	543,228	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	999,396	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	595,464	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	50,200	0	0	0	90.04
91.00	09100	EMERGENCY	0	4,857,013	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,141,583	0	0	0	92.00
200.00		Total (lines 50-199)	0	60,681,374	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03140 CARDIOLOGY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 WOMENS CENTER	0	0			90.01
90.02	09002 PSYCH SERVICES	0	0			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0			90.03
90.04	09004 DIABETES CENTER	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140176

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

Worksheet D  
Part V  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.229514	11,923,104	0	0	2,736,519	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515691	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059910	895,874	0	0	53,672	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.187560	8,423,350	0	0	1,579,884	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.183647	1,962,212	0	0	360,354	56.00
57.00	05700	CT SCAN	0.049030	7,071,900	0	0	346,735	57.00
58.00	05800	MRI	0.070920	2,800,083	0	0	198,582	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.153615	3,551,603	0	0	545,579	60.00
65.00	06500	RESPIRATORY THERAPY	0.339409	277,633	164	0	94,231	65.00
66.00	06600	PHYSICAL THERAPY	0.346728	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301874	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.423697	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.206967	2,118,308	0	0	438,420	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.534164	1,013,983	0	0	541,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.415765	812,322	38,000	0	337,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.363941	7,509,567	0	36,231	2,733,039	73.00
76.00	03140	CARDIOLOGY	0.515073	817,037	0	0	420,834	76.00
76.01	03950	WOUND CARE	0.217593	3,317,514	0	0	721,868	76.01
76.97	07697	CARDIAC REHABILITATION	0.809107	543,228	0	0	439,530	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.208388	999,396	0	0	208,262	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0.000000	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.348137	595,464	0	0	207,303	90.03
90.04	09004	DIABETES CENTER	0.809112	50,200	0	0	40,617	90.04
91.00	09100	EMERGENCY	0.220783	4,857,013	0	0	1,072,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.811519	1,141,583	0	0	926,416	92.00
200.00		Subtotal (see instructions)		60,681,374	38,164	36,231	14,003,559	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		60,681,374	38,164	36,231	14,003,559	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	56	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,799	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,186	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	15,855	13,186	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	15,855	13,186	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/20/2015 10:17 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	888,818	54,810,638	0.016216	1,338	22	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	19,917	1,120,924	0.017768	0	0	52.00
53.00	05300 ANESTHESIOLOGY	14,051	5,940,141	0.002365	653	2	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	976,375	37,760,748	0.025857	8,702	225	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	67,180	5,235,018	0.012833	0	0	56.00
57.00	05700 CT SCAN	101,208	33,898,705	0.002986	6,815	20	57.00
58.00	05800 MRI	81,383	11,779,583	0.006909	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	321,806	29,223,635	0.011012	189,860	2,091	60.00
65.00	06500 RESPIRATORY THERAPY	57,448	4,932,701	0.011646	2,934	34	65.00
66.00	06600 PHYSICAL THERAPY	316,622	5,182,591	0.061093	4,712	288	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,081	511,568	0.009932	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,913	282,936	0.013830	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	195,274	7,508,651	0.026007	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	432,950	11,398,161	0.037984	145	6	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	243,186	8,227,890	0.029556	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	871,176	32,425,089	0.026867	294,182	7,904	73.00
76.00	03140 RADIOLOGY	259,207	2,422,674	0.106992	0	0	76.00
76.01	03950 WOUND CARE	170,728	8,101,343	0.021074	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	121,952	1,122,969	0.108598	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	45,319	2,128,921	0.021287	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0.000000	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	293,313	6,165,436	0.047574	2,346	112	90.03
90.04	09004 DIABETES CENTER	20,284	144,750	0.140131	0	0	90.04
91.00	09100 EMERGENCY	576,803	35,351,600	0.016316	98,989	1,615	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	0.000000	0	0	92.00
200.00	Total (lines 50-199)	6,083,994	308,979,965		610,676	12,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am PPS
		Title XVIII	Subprovider - IPF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
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
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	54,810,638	0.000000	0.000000	1,338	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,120,924	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	5,940,141	0.000000	0.000000	653	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	37,760,748	0.000000	0.000000	8,702	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,235,018	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	33,898,705	0.000000	0.000000	6,815	57.00
58.00 05800 MRI	0	11,779,583	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	29,223,635	0.000000	0.000000	189,860	60.00
65.00 06500 RESPIRATORY THERAPY	0	4,932,701	0.000000	0.000000	2,934	65.00
66.00 06600 PHYSICAL THERAPY	0	5,182,591	0.000000	0.000000	4,712	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	511,568	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	282,936	0.000000	0.000000	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	7,508,651	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,398,161	0.000000	0.000000	145	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,227,890	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	32,425,089	0.000000	0.000000	294,182	73.00
76.00 03140 RADIOLOGY	0	2,422,674	0.000000	0.000000	0	76.00
76.01 03950 WOUND CARE	0	8,101,343	0.000000	0.000000	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	1,122,969	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,128,921	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	6,165,436	0.000000	0.000000	2,346	90.03
90.04 09004 DIABETES CENTER	0	144,750	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	35,351,600	0.000000	0.000000	98,989	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	308,979,965			610,676	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
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
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	70.01
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
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	54,810,638	0.000000	0.000000	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,120,924	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,940,141	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,760,748	0.000000	0.000000	2,652	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,235,018	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	33,898,705	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	11,779,583	0.000000	0.000000	1,533	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	29,223,635	0.000000	0.000000	59,201	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,932,701	0.000000	0.000000	184	65.00
66.00	06600 PHYSICAL THERAPY	0	5,182,591	0.000000	0.000000	137,538	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	511,568	0.000000	0.000000	86,859	67.00
68.00	06800 SPEECH PATHOLOGY	0	282,936	0.000000	0.000000	10,756	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	7,508,651	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,398,161	0.000000	0.000000	1,101	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,227,890	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	32,425,089	0.000000	0.000000	73,374	73.00
76.00	03140 RADIOLOGY	0	2,422,674	0.000000	0.000000	0	76.00
76.01	03950 WOUND CARE	0	8,101,343	0.000000	0.000000	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	1,122,969	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,128,921	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	6,165,436	0.000000	0.000000	0	90.03
90.04	09004 DIABETES CENTER	0	144,750	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	35,351,600	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,303,293	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	308,979,965			373,198	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
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
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/20/2015 10:17 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,616	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,616	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)		13,388	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,682	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		18,788,822	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)		18,788,822	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		18,788,822	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,203.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,242,829	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)		9,242,829	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/20/2015 10:17 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,976,441	2,330	2,135.81	1,404	2,998,677		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,913,367		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,154,873		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)					1,035,453		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					822,082		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,857,535		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,297,338		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,228		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,203.18		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,680,685		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,591,488	18,788,822	0.084704	2,680,685	227,065	90.00
91.00	Nursing School cost	0	18,788,822	0.000000	2,680,685	0	91.00
92.00	Allied health cost	0	18,788,822	0.000000	2,680,685	0	92.00
93.00	All other Medical Education	0	18,788,822	0.000000	2,680,685	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,584	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,584	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,584	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,493	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,142,209	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)		7,142,209	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,142,209	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,084.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,619,577	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,619,577	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14S176				Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					163,994		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,783,571		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					146,822		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,319		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					159,141		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,624,430		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 14S176		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	647,467	7,142,209	0.090654	0	0	90.00
91.00	Nursing School cost	0	7,142,209	0.000000	0	0	91.00
92.00	Allied health cost	0	7,142,209	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,142,209	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		831	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		831	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)		831	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		568	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,109,107	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,109,107	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,109,107	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1	
		Component CCN: 145788		Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)				1,109,107 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				1,334.67 71.00
72.00	Program routine service cost (line 9 x line 71)				758,093 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				758,093 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				758,093 83.00
84.00	Program inpatient ancillary services (see instructions)				115,519 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				873,612 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 145788		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/20/2015 10:17 am
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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		14,487,043	30.00
31.00	03100	INTENSIVE CARE UNIT		4,212,252	31.00
40.00	04000	SUBPROVIDER - IPF		11,504	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.229700	5,531,178	1,270,512 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.515691	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.059910	662,230	39,674 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188979	3,434,152	648,983 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.183647	472,452	86,764 56.00
57.00	05700	CT SCAN	0.049030	4,460,396	218,693 57.00
58.00	05800	MRI	0.070920	839,271	59,521 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.153615	8,385,658	1,288,163 60.00
65.00	06500	RESPIRATORY THERAPY	0.339409	2,604,900	884,127 65.00
66.00	06600	PHYSICAL THERAPY	0.348442	669,950	233,439 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.301874	281,322	84,924 67.00
68.00	06800	SPEECH PATHOLOGY	0.423697	199,039	84,332 68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.206967	59,784	12,373 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.534164	2,012,560	1,075,037 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.415765	2,938,281	1,221,634 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.363941	7,542,267	2,744,940 73.00
76.00	03140	CARDIOLOGY	0.515073	135,539	69,812 76.00
76.01	03950	WOUND CARE	0.218824	11,777	2,577 76.01
76.97	07697	CARDIAC REHABILITATION	0.811846	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.208388	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOMENS CENTER	0.000000	0	0 90.01
90.02	09002	PSYCH SERVICES	0.000000	0	0 90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.348137	0	0 90.03
90.04	09004	DIABETES CENTER	0.809112	0	0 90.04
91.00	09100	EMERGENCY	0.221315	4,011,759	887,862 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.811519	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		44,252,515	10,913,367 200.00
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)		44,252,515	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		2,213,742	40.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.229700	1,338	307 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.515691	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.059910	653	39 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188979	8,702	1,644 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.183647	0	0 56.00
57.00	05700 CT SCAN	0.049030	6,815	334 57.00
58.00	05800 MRI	0.070920	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.153615	189,860	29,165 60.00
65.00	06500 RESPIRATORY THERAPY	0.339409	2,934	996 65.00
66.00	06600 PHYSICAL THERAPY	0.348442	4,712	1,642 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301874	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.423697	0	0 68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.206967	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.534164	145	77 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.415765	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.363941	294,182	107,065 73.00
76.00	03140 CARDIOLOGY	0.515073	0	0 76.00
76.01	03950 WOUND CARE	0.218824	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	0.811846	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.208388	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 WOMENS CENTER	0.000000	0	0 90.01
90.02	09002 PSYCH SERVICES	0.000000	0	0 90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.348137	2,346	817 90.03
90.04	09004 DIABETES CENTER	0.809112	0	0 90.04
91.00	09100 EMERGENCY	0.221315	98,989	21,908 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.811519	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		610,676	163,994 200.00
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)		610,676	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.229514	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.515691	0	52.00
53.00	05300 ANESTHESIOLOGY	0.059910	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.187560	2,652	497 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.183647	0	56.00
57.00	05700 CT SCAN	0.049030	0	57.00
58.00	05800 MRI	0.070920	1,533	109 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.153615	59,201	9,094 60.00
65.00	06500 RESPIRATORY THERAPY	0.339409	184	62 65.00
66.00	06600 PHYSICAL THERAPY	0.346728	137,538	47,688 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.301874	86,859	26,220 67.00
68.00	06800 SPEECH PATHOLOGY	0.423697	10,756	4,557 68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.206967	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.534164	1,101	588 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.415765	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.363941	73,374	26,704 73.00
76.00	03140 CARDIOLOGY	0.515073	0	76.00
76.01	03950 WOUND CARE	0.217593	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.809107	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.208388	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.348137	0	90.03
90.04	09004 DIABETES CENTER	0.809112	0	90.04
91.00	09100 EMERGENCY	0.220783	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.811519	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		373,198	115,519 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		373,198	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		3,641,101		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,901,526		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)		307,708		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		74.40		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		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)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		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.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		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		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.94		30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.21		31.00
32.00	Sum of lines 30 and 31		16.15		32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.25		33.00
34.00	Disproportionate share adjustment (see instructions)		134,409		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143		35.00
35.01	Factor 3 (see instructions)		0.000123251		35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		1,114,975		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		281,035		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		982,307		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		17,967,051		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)		17,967,051		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,350,894		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,317,945		59.00
60.00	Primary payer payments		18,690		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,299,255		61.00
62.00	Deductibles billed to program beneficiaries		1,858,816		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/20/2015 10:17 am	
		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		88,798		63.00
64.00	Allowable bad debts (see instructions)		442,491		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		287,619		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		256,914		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,639,260		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)		-61,384		70.93
70.94	HRR adjustment amount (see instructions)		-202,635		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,375,241		71.00
71.01	Sequestration adjustment (see instructions)		347,505		71.01
72.00	Interim payments		16,877,119		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)		150,617		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		31,845		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0 100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0 102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0 104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/20/2015 10:17 am
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		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Hospital Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.94	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.21	0.00			13.21	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	16.15	0.00			13.21	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	74.40	0.00			74.40	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	3.25	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,050	0			1,050	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	319	0			319	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	8	0			8	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	741	0			741	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	23	0			23	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,141	0			2,141	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	16,141	0			16,141	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	62	0			62	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	16,203	0			16,203	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.21	0.00			13.21	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176		Period: From 07/01/2014 To 06/30/2015		Worksheet DSH Date/Time Prepared: 11/20/2015 10:17 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	3.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		3.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.66		29.00
30.00	Line 28 or 29 as applicable	3.66		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140176

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/20/2015 10:17 am

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,641,101	0	3,641,101	0	3,641,101	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,901,526	0	0	12,901,526	12,901,526	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	307,708	0	83,220	224,488	307,708	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0325	0.0325	0.0325	0.0325		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	134,409	0	29,584	104,825	134,409	11.00
11.01	Uncompensated care payments	36.00	982,307	0	281,035	701,272	982,307	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,967,051	0	4,034,940	13,932,111	17,967,051	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,967,051	0	4,034,940	13,932,111	17,967,051	15.00
16.00	Payment for inpatient program capital	50.00	1,350,894	0	298,718	1,052,176	1,350,894	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140176

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
11/20/2015 10:17 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	4,333,658	14,984,287	19,317,945	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,322,463	0	290,990	1,031,473	1,322,463	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	28,431	0	7,728	20,703	28,431	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,350,894	0	298,718	1,052,176	1,350,894	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/20/2015 10:17 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,641,101	3,641,101		3,641,101	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,901,526		12,901,526	12,901,526	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	307,708	83,220	224,488	307,708	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0325	0.0325	0.0325		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	134,409	29,584	104,825	134,409	11.00
11.01	Uncompensated care payments	36.00	982,307	281,035	701,272	982,307	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,967,051	4,034,940	13,932,111	17,967,051	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,967,051	4,034,940	13,932,111	17,967,051	15.00
16.00	Payment for inpatient program capital	50.00	1,350,894	298,718	1,052,176	1,350,894	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			4,333,658	14,984,287	19,317,945	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140176

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

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
11/20/2015 10:17 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,322,463	290,990	1,031,473	1,322,463	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	28,431	7,728	20,703	28,431	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,350,894	298,718	1,052,176	1,350,894	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-61,384	487	-61,871	-61,384	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-202,635	-23,303	-179,332	-202,635	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/20/2015 10:17 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		29,041	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,003,559	2.00
3.00	PPS payments		11,817,244	3.00
4.00	Outlier payment (see instructions)		20,640	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,041	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		74,395	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)		74,395	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		74,395	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,354	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)		29,041	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,837,884	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,633	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,653,883	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		9,205,409	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,205,409	30.00
31.00	Primary payer payments		4,484	31.00
32.00	Subtotal (line 30 minus line 31)		9,200,925	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		345,532	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		224,596	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		230,283	36.00
37.00	Subtotal (see instructions)		9,425,521	37.00
38.00	MSP-LCC reconciliation amount from PS&R		100	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,425,421	40.00
40.01	Sequestration adjustment (see instructions)		188,508	40.01
41.00	Interim payments		9,156,200	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		80,713	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140176

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,867,799		9,183,628	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	02/24/2015	9,320		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	02/24/2015	27,428	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)		9,320		-27,428	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,877,119		9,156,200	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		150,617		80,713	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		17,027,736		9,236,913	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140176  
Component CCN: 14S176

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,096,336		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,096,336		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		77,467		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,173,803		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140176  
Component CCN: 145788

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/20/2015 10:17 am  
PPS

Title XVIII  
Skilled Nursing Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		276,123		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		276,123		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		553		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		276,676		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet E-1 Part II Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,175 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			9,086 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			926 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			15,718 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			349,910,684 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			5,563,520 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,264,760 8.00
9.00	Sequestration adjustment amount (see instructions)			25,295 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,239,465 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,190,383 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)			49,082 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,247,059 1.00
2.00	Net IPF PPS Outlier Payments			8,935 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			18.038356 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,255,994 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,255,994 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,255,994 18.00
19.00	Deductibles			132,312 19.00
20.00	Subtotal (line 18 minus line 19)			1,123,682 20.00
21.00	Coinsurance			4,963 21.00
22.00	Subtotal (line 20 minus line 21)			1,118,719 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			121,599 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			79,039 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			90,307 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,197,758 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,197,758 31.00
31.01	Sequestration adjustment (see instructions)			23,955 31.01
32.00	Interim payments			1,096,336 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			77,467 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			8,935 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VI Date/Time Prepared: 11/20/2015 10:17 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		293,462	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		293,462	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		11,704	7.00
8.00	Allowable bad debts (see instructions)		867	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		564	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		282,322	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		282,322	15.00
15.01	Sequestration adjustment (see instructions)		5,646	15.01
16.00	Interim payments		276,123	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		553	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 140176

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

Worksheet G

Date/Time Prepared:

11/20/2015 10:17 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-479,000	0	0	0	1.00
2.00	Temporary investments	76,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,957,000	0	0	0	4.00
5.00	Other receivable	41,630,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,250,000	0	0	0	7.00
8.00	Prepaid expenses	832,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	61,266,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	219,885	0	0	0	12.00
13.00	Land improvements	3,212,830	0	0	0	13.00
14.00	Accumulated depreciation	-2,008,034	0	0	0	14.00
15.00	Buildings	75,585,445	0	0	0	15.00
16.00	Accumulated depreciation	-51,123,420	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	54,421,409	0	0	0	23.00
24.00	Accumulated depreciation	-46,658,878	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	9,071,668	0	0	0	27.00
28.00	Accumulated depreciation	-3,147,905	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)	39,573,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	33,444,000	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	4,993,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	38,437,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	139,276,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,085,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,905,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,878,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,868,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	69,797,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,510,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	71,307,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	86,175,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	53,101,000				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)	53,101,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	139,276,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140176

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

Worksheet G-1

Date/Time Prepared:  
11/20/2015 10:17 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		54,147,000			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,900,000				2.00
3.00	Total (sum of line 1 and line 2)		62,047,000			0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	348,000		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		348,000			0	10.00
11.00	Subtotal (line 3 plus line 10)		62,395,000			0	11.00
12.00	CHANGES IN TEMP RESTRICTED ASSETS	900,000		0		0	12.00
13.00	CHANGES IN UNREALIZED LOSSES	2,467,000		0		0	13.00
14.00	TRANSFER TO AFFILIATED ORGANIZATIONS	5,927,000		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		9,294,000			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		53,101,000			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	UNRESTRICTED NET ASSETS RELEASED		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	CHANGES IN TEMP RESTRICTED ASSETS		0				12.00
13.00	CHANGES IN UNREALIZED LOSSES		0				13.00
14.00	TRANSFER TO AFFILIATED ORGANIZATIONS		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: 140176

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/20/2015 10:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	24,266,434		24,266,434	1.00
2.00	SUBPROVIDER - IPF	9,558,699		9,558,699	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	434,751		434,751	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	34,259,884		34,259,884	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,670,835		6,670,835	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,670,835		6,670,835	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,930,719		40,930,719	17.00
18.00	Ancillary services	77,828,375	186,186,508	264,014,883	18.00
19.00	Outpatient services	7,584,368	37,380,710	44,965,078	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	CRISIS PROGRAM	0	2,025,322	2,025,322	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	126,343,462	225,592,540	351,936,002	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		121,791,871		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		121,791,871		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140176

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

Worksheet G-3

Date/Time Prepared:  
11/20/2015 10:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	351,936,002	1.00
2.00	Less contractual allowances and discounts on patients' accounts	228,749,245	2.00
3.00	Net patient revenues (line 1 minus line 2)	123,186,757	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	121,791,871	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,394,886	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	-154,623	6.00
7.00	Income from investments	1,735,129	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	4,925,017	24.00
24.01	ROUNDING	-409	24.01
25.00	Total other income (sum of lines 6-24)	6,505,114	25.00
26.00	Total (line 5 plus line 25)	7,900,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,900,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140176	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/20/2015 10:17 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,322,463	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,431	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)		43.23	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,350,894	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00