

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: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 4:18 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2016 Time: 4:18 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (140185) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

VICE PRESIDENT-FINANCE
Title _____

Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-391,434	-151,868	11,591	0	1.00
2.00 Subprovider - IPF	0	0	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	40,327	-105		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-351,107	-151,973	11,591	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: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:15 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 4500 MEMORIAL DRIVE			PO Box:				1.00			
2.00	City: BELLEVILLE			State: IL		Zip Code: 62226		County: SAINT CLAIR			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015		12/31/2015		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.							3		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.		10,541	0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.		0	0	0	0	0	0	0	25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:15 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140185

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

		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 Nonprovider Site	Unweighted FTEs in Hospital	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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:15 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,793,000		3,500,000		0	
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			
119.00	DO NOT USE THIS LINE						
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	
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			
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:15 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:					142.00
143.00	City:	State:		Zip Code:			143.00
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
		1.00		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	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				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)	0.25			169.00		
		Beginni ng		Endi ng			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2014		09/30/2015			170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 4:15 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		Y 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:15 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2016	N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 4:15 pm
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		
		1.00	2.00	3.00
				N
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MELI SSA	HUBLER	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-257-5606	MHUBLER@MEMHOSP.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/31/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REVENUE CYCLE 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	296	108,040	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)		296	108,040	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	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)		316	115,340	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	82	29,930		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		398				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,207	1,711	60,354			1.00
2.00 HMO and other (see instructions)	10,449	7,602				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,207	1,711	60,354			7.00
8.00 INTENSIVE CARE UNIT	2,162	280	4,931			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		701	3,578			13.00
14.00 Total (see instructions)	30,369	2,692	68,863	0.00	1,644.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	16,598	0	26,312	0.00	74.09	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,475	0	14,682	0.00	22.91	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	1,741.00	27.00
28.00 Observation Bed Days		0	0			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	247	503			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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,160	664	15,161	1.00
2.00 HMO and other (see instructions)			2,070	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,160	664	15,161	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					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: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	100,230,860	-2,166,972	98,063,888	3,621,261.00	27.08
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	4,118,079	-205,202	3,912,877	154,099.00	25.39
10.00	Excluded area salaries (see instructions)		2,042,714	74,424	2,117,138	87,223.00	24.27
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,488,457	0	1,488,457	21,535.00	69.12
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		1,163,109	0	1,163,109	7,270.00	159.99
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,536,165	0	28,536,165		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,731,755	102,979	1,834,734		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,051,565	11,494	1,063,059	32,529.00	32.68
27.00	Administrative & General	5.00	9,783,641	-212,110	9,571,531	403,152.00	23.74
28.00	Administrative & General under contract (see inst.)		479,672	0	479,672	1,690.00	283.83
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,321,121	-251	1,320,870	78,251.00	16.88
31.00	Laundry & Linen Service	8.00	0	116,443	116,443	8,378.00	13.90
32.00	Housekeeping	9.00	1,957,155	-117,700	1,839,455	154,301.00	11.92
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,749,710	-324,373	1,425,337	118,217.00	12.06
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	443,119	499,966	943,085	48,738.00	19.35
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,583,186	-1,660,350	3,922,836	90,594.00	43.30
39.00	Central Services and Supply	14.00	556,070	0	556,070	35,048.00	15.87
40.00	Pharmacy	15.00	3,718,484	0	3,718,484	83,974.00	44.28

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,522,673	-1,409	1,521,264	69,057.00	22.03	41.00
42.00	Social Service	17.00 681,374	0	681,374	25,155.00	27.09	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 4:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	100,710,532	-2,166,972	98,543,560	3,622,951.00	27.20	1.00
2.00	Excluded area salaries (see instructions)	6,160,793	-130,778	6,030,015	241,322.00	24.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,549,739	-2,036,194	92,513,545	3,381,629.00	27.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,651,566	0	2,651,566	28,805.00	92.05	4.00
5.00	Subtotal wage-related costs (see inst.)	28,536,165	0	28,536,165	0.00	30.85	5.00
6.00	Total (sum of lines 3 thru 5)	125,737,470	-2,036,194	123,701,276	3,410,434.00	36.27	6.00
7.00	Total overhead cost (see instructions)	28,847,770	-1,688,290	27,159,480	1,149,084.00	23.64	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140185

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2016 4:15 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	3,031,524	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	11,700	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	17,254,584	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	155,813	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)	293,120	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,571,557	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,686,596	17.00
18.00	Medicare Taxes - Employers Portion Only	1,421,926	18.00
19.00	Unemployment Insurance	115,291	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	725,809	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	30,267,920	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140185

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 4:15 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140185 Component CCN: 147443		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/24/2016 4:15 pm		
				Home Health Agency I		PPS		
				1.00				
0.00	County	ST. CLAIR, ILLINOIS				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	21	0	45	66	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	432.00	0.00	940.00	1,372.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				6.67	0.00	6.67	5.00
6.00	Direct Nursing Service				11.19	0.00	11.19	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				5.78	0.00	5.78	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.01	0.00	0.01	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.03	0.00	0.03	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	41180						20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	2,107	60	195	67	2,429	21.00	
22.00	Skilled Nursing Visit Charges	682,668	19,440	63,180	21,708	786,996	22.00	
23.00	Physical Therapy Visits	1,701	1	49	81	1,832	23.00	
24.00	Physical Therapy Visit Charges	600,453	353	17,297	28,593	646,696	24.00	
25.00	Occupational Therapy Visits	171	1	8	5	185	25.00	
26.00	Occupational Therapy Visit Charges	60,876	356	2,848	1,780	65,860	26.00	
27.00	Speech Pathology Visits	10	0	0	0	10	27.00	
28.00	Speech Pathology Visit Charges	3,830	0	0	0	3,830	28.00	
29.00	Medical Social Service Visits	7	0	1	1	9	29.00	
30.00	Medical Social Service Visit Charges	3,633	0	519	519	4,671	30.00	
31.00	Home Health Aide Visits	10	0	0	0	10	31.00	
32.00	Home Health Aide Visit Charges	1,460	0	0	0	1,460	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,006	62	253	154	4,475	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,352,920	20,149	83,844	52,600	1,509,513	35.00	
36.00	Total Number of Episodes (standard/non outlier)	372		92	16	480	36.00	
37.00	Total Number of Outlier Episodes		2		0	2	37.00	
38.00	Total Non-Routine Medical Supply Charges	14,335	1,058	1,203	140	16,736	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/24/2016 4:15 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	12	0	12 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	925	0	925 12.00
13.00		RUB	1,736	0	1,736 13.00
14.00		RUA	1,827	0	1,827 14.00
15.00		RVC	1,523	0	1,523 15.00
16.00		RVB	3,099	0	3,099 16.00
17.00		RVA	3,656	0	3,656 17.00
18.00		RHC	648	0	648 18.00
19.00		RHB	777	0	777 19.00
20.00		RHA	1,013	0	1,013 20.00
21.00		RMC	59	0	59 21.00
22.00		RMB	120	0	120 22.00
23.00		RMA	54	0	54 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	6	0	6 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	82	0	82 31.00
32.00		HD1	11	0	11 32.00
33.00		HC2	45	0	45 33.00
34.00		HC1	64	0	64 34.00
35.00		HB2	86	0	86 35.00
36.00		HB1	598	0	598 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	4	0	4 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	52	0	52 40.00
41.00		LC2	23	0	23 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	3	0	3 43.00
44.00		LB1	25	0	25 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	14	0	14 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	19	0	19 50.00
51.00		CB2	4	0	4 51.00
52.00		CB1	46	0	46 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	41	0	41 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	2	0	2 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: 140185

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

Worksheet S-7

Date/Time Prepared:
5/24/2016 4:15 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	3	0	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	12	0	12	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	5	0	5	78.00
199.00		AAA	4	0	4	199.00
200.00	TOTAL		16,598	0	16,598	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).
 41180
 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	3,225,789	45.61	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	1,581	0.02	Y	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)	7,072,081			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 4:15 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.204658	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		739,860	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		37,022,222	6.00
7.00	Medicaid cost (line 1 times line 6)		7,576,894	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)		6,837,034	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)		6,837,034	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	5,262,597	1,896,389	7,158,986
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,077,033	388,111	1,465,144
22.00	Partial payment by patients approved for charity care	4,987	85,675	90,662
23.00	Cost of charity care (line 21 minus line 22)	1,072,046	302,436	1,374,482
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,831,447	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		818,355	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,013,092	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		616,653	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,991,135	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,828,169	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,488,258	3,488,258	2,727,231	6,215,489	1.00
1.01	00101		393,890	393,890	395,541	789,431	1.01
2.00	00200		10,247,688	10,247,688	947,879	11,195,567	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	1,051,565	30,756,172	31,807,737	23,194	31,830,931	4.00
5.01	01160	243,012	292,363	535,375	0	535,375	5.01
5.02	00550	1,944,559	3,369,897	5,314,456	3,924	5,318,380	5.02
5.03	00560	521,120	93,632	614,752	-45,303	569,449	5.03
5.04	00570	2,702,976	2,533,072	5,236,048	-3,829,470	1,406,578	5.04
5.05	00580	0	0	0	3,863,650	3,863,650	5.05
5.06	00591	4,371,974	32,228,817	36,600,791	-2,290,114	34,310,677	5.06
7.00	00700	1,254,845	6,615,803	7,870,648	0	7,870,648	7.00
7.01	00701	66,276	98,636	164,912	0	164,912	7.01
8.00	00800	0	0	0	936,984	936,984	8.00
9.00	00900	1,838,752	1,460,559	3,299,311	-936,984	2,362,327	9.00
9.01	00901	118,403	104,199	222,602	0	222,602	9.01
10.00	01000	1,749,710	898,185	2,647,895	-232,370	2,415,525	10.00
11.00	01100	443,119	503,693	946,812	640,606	1,587,418	11.00
13.00	01300	5,583,186	1,451,218	7,034,404	-1,702,783	5,331,621	13.00
14.00	01400	556,070	939,872	1,495,942	-868,765	627,177	14.00
15.00	01500	3,718,484	9,719,185	13,437,669	-8,614,783	4,822,886	15.00
16.00	01600	1,522,673	1,000,609	2,523,282	2,295	2,525,577	16.00
17.00	01700	681,374	117,174	798,548	0	798,548	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,343,742	1,562,515	24,906,257	186,319	25,092,576	30.00
31.00	03100	3,593,616	1,615,835	5,209,451	-20,506	5,188,945	31.00
43.00	04300	0	0	0	1,781,115	1,781,115	43.00
44.00	04400	4,118,079	428,340	4,546,419	164,261	4,710,680	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	9,554,860	15,641,030	25,195,890	-12,981,868	12,214,022	50.00
52.00	05200	2,307,709	791,794	3,099,503	-498,260	2,601,243	52.00
53.00	05300	0	1,093,276	1,093,276	0	1,093,276	53.00
54.00	05400	3,113,194	1,391,415	4,504,609	6,980	4,511,589	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	472,693	910,796	1,383,489	0	1,383,489	57.00
58.00	05800	327,782	530,307	858,089	0	858,089	58.00
59.00	05900	1,209,304	4,447,001	5,656,305	-3,986,491	1,669,814	59.00
60.00	06000	4,110,667	6,197,370	10,308,037	135	10,308,172	60.00
65.00	06500	1,965,695	446,505	2,412,200	0	2,412,200	65.00
66.00	06600	4,650,465	166,195	4,816,660	-77,519	4,739,141	66.00
67.00	06700	912,816	17,217	930,033	64,792	994,825	67.00
68.00	06800	596,438	25,621	622,059	0	622,059	68.00
69.00	06900	1,480,452	211,505	1,691,957	0	1,691,957	69.00
70.00	07000	849,714	84,272	933,986	0	933,986	70.00
71.00	07100	0	0	0	9,824,323	9,824,323	71.00
72.00	07200	0	0	0	8,867,260	8,867,260	72.00
73.00	07300	0	0	0	8,058,353	8,058,353	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	19,228	19,228	-19,228	0	90.00
90.01	09001	155,518	3,315	158,833	0	158,833	90.01
91.00	09100	6,807,287	3,357,619	10,164,906	-785,939	9,378,967	91.00
91.01	09101	250,017	105,237	355,254	-355,254	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	506,950	506,950	0	506,950	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,714,897	181,593	1,896,490	0	1,896,490	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,196,223	1,196,223	-1,196,223	0	113.00
118.00		99,903,043	147,244,081	247,147,124	52,982	247,200,106	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	327,817	434,324	762,141	-408,236	353,905	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	355,254	355,254	194.02
200.00		100,230,860	147,678,405	247,909,265	0	247,909,265	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,919	6,217,408	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	789,431	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	11,195,567	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,370	31,826,561	4.00
5.01	01160	COMMUNICATIONS	-36,151	499,224	5.01
5.02	00550	DATA PROCESSING	0	5,318,380	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	569,449	5.03
5.04	00570	ADMINISTRATIVE	0	1,406,578	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,863,650	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-12,107,433	22,203,244	5.06
7.00	00700	OPERATION OF PLANT	0	7,870,648	7.00
7.01	00701	OPERATION OF PLANT CC	0	164,912	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	936,984	8.00
9.00	00900	HOUSEKEEPING	0	2,362,327	9.00
9.01	00901	HOUSEKEEPING CC	0	222,602	9.01
10.00	01000	DIETARY	-84,336	2,331,189	10.00
11.00	01100	CAFETERIA	-1,144,717	442,701	11.00
13.00	01300	NURSING ADMINISTRATION	-9,432	5,322,189	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	627,177	14.00
15.00	01500	PHARMACY	0	4,822,886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,339	2,508,238	16.00
17.00	01700	SOCIAL SERVICE	0	798,548	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	25,092,576	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,188,945	31.00
43.00	04300	NURSERY	0	1,781,115	43.00
44.00	04400	SKILLED NURSING FACILITY	-16,120	4,694,560	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-645,000	11,569,022	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-350,966	2,250,277	52.00
53.00	05300	ANESTHESIOLOGY	0	1,093,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-59,572	4,452,017	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	1,383,489	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	858,089	58.00
59.00	05900	CARDIAC CATHETERIZATION	-10,328	1,659,486	59.00
60.00	06000	LABORATORY	-3,581	10,304,591	60.00
65.00	06500	RESPIRATORY THERAPY	-1,245	2,410,955	65.00
66.00	06600	PHYSICAL THERAPY	0	4,739,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	994,825	67.00
68.00	06800	SPEECH PATHOLOGY	0	622,059	68.00
69.00	06900	ELECTROCARDIOLOGY	-4,125	1,687,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,821	931,165	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,824,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,867,260	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,058,353	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	158,833	90.01
91.00	09100	EMERGENCY	-2,463,725	6,915,242	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	91.02
91.03	09103	OP PSYCH	0	506,950	91.03
91.04	09104	ICU OTHER	0	0	91.04
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,896,490	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,959,342	230,240,764	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-353,905	0	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	0	194.01
194.02	07951	EMT PROGRAM	0	355,254	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-17,313,247	230,596,018	200.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 4:15 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,706,336	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	9,706,336	
B - RECLASS DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,058,353	1.00
	TOTALS		0	8,058,353	
C - RECLASS ADMISSION CENTER					
1.00	ADULTS & PEDIATRICS	30.00	939,257	29,921	1.00
	TOTALS		939,257	29,921	
D - RECLASS DIETARY COST					
1.00	CAFETERIA	11.00	324,373	0	1.00
2.00	DIETARY	10.00	0	92,003	2.00
	TOTALS		324,373	92,003	
E - RECLASS PARAMEDIC TRNG					
1.00	EMT PROGRAM	194.02	250,017	105,237	1.00
	TOTALS		250,017	105,237	
F - RECLASS EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	841,193	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	841,193	
G - RECLASS EMP MEALS TO CAFETERIA					
1.00	CAFETERIA	11.00	175,593	232,643	1.00
	TOTALS		175,593	232,643	
H - RECLASS MCC ACTIVITY THERAPY					
1.00	SKILLED NURSING FACILITY	44.00	55,769	8,353	1.00
	TOTALS		55,769	8,353	
I - RECLASS FLOAT & TRANSPORTATION COST					
1.00	ADULTS & PEDIATRICS	30.00	665,324	4,159	1.00
	TOTALS		665,324	4,159	
J - TO RECLASS MCC EXPENSES					
1.00	DATA PROCESSING	5.02	3,924	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,295	0	2.00
3.00	ADMINISTRATIVE	5.04	34,180	0	3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	11,494	0	4.00
	TOTALS		51,893	0	
K - RECLASS BLDG RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,840	1.00
	TOTALS		0	24,840	
L - RECLASS BUILDING RENTAL SIHVI					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,829,928	1.00
	TOTALS		0	1,829,928	
M - RECLASS IPA ASSESSMENT MCC					
1.00	SKILLED NURSING FACILITY	44.00	0	100,139	1.00
	TOTALS		0	100,139	
N - RECLASS OFALLON EXPENSE					
1.00		0.00	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,980	2.00
3.00	LABORATORY	60.00	0	135	3.00
4.00	PHYSICAL THERAPY	66.00	0	12,113	4.00
	TOTALS		0	19,228	
O - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	169,529	1.00
2.00	OTHER CAP REL COSTS	3.00	0	8,938	2.00
	TOTALS		0	178,467	
P - RECLASS OUTSIDE AGENCY SALARY EXP					
1.00	DATA PROCESSING	5.02	0	197,398	1.00
2.00	HOUSEKEEPING	9.00	0	1,257	2.00
3.00	OPERATION OF PLANT	7.00	0	251	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,704	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	769,520	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	186,943	6.00
7.00	SKILLED NURSING FACILITY	44.00	0	260,971	7.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	OPERATING ROOM	50.00	0	202,668	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	66,280	9.00
10.00	LABORATORY	60.00	0	147,731	10.00
11.00	EMERGENCY	91.00	0	318,171	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	11,155	12.00
13.00	PURCHASING RECEIVING AND STORES	5.03	0	923	13.00
	TOTALS		0	2,166,972	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	1,349,567	431,548	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	66,712	2.00
	TOTALS		1,349,567	498,260	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	117,987	1.00
	TOTALS		0	117,987	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	63,264	1,528	1.00
	TOTALS		63,264	1,528	
T - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,867,260	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	8,867,260	
U - RECLASS PENSION PLAN AUDIT FEES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,700	1.00
	TOTALS		0	11,700	
V - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	807,726	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT_CC	1.01	0	388,497	2.00
	TOTALS		0	1,196,223	
W - RECLASS PATIENT ACCTS EXPENSE					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,392,846	2,470,804	1.00
	TOTALS		1,392,846	2,470,804	
X - RECLASS HOUSEKEEPING TO LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	116,443	820,541	1.00
	TOTALS		116,443	820,541	
500.00	Grand Total: Increases		5,384,346	37,382,075	500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 4:15 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	773,995	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	45,303	0		2.00
3.00	OPERATING ROOM	50.00	0	4,823,980	0		3.00
4.00	OPERATING ROOM	50.00	0	385,040	0		4.00
5.00	EMERGENCY	91.00	0	785,939	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	2,426,495	0		6.00
7.00	OPERATING ROOM	50.00	0	465,584	0		7.00
	TOTALS		0	9,706,336			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	8,058,353	0		1.00
	TOTALS		0	8,058,353			
C - RECLASS ADMISSION CENTER							
1.00	NURSING ADMINISTRATION	13.00	939,257	29,921	0		1.00
	TOTALS		939,257	29,921			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	324,373	0	0		1.00
2.00	CAFETERIA	11.00	0	92,003	0		2.00
	TOTALS		324,373	92,003			
E - RECLASS PARAMEDIC TRNG							
1.00	PARAMEDICS	91.01	250,017	105,237	0		1.00
	TOTALS		250,017	105,237			
F - RECLASS EQUIPMENT RENTAL							
1.00	PHARMACY	15.00	0	556,430	14		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	94,770	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	169,487	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	20,506	0		4.00
	TOTALS		0	841,193			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	175,593	232,643	0		1.00
	TOTALS		175,593	232,643			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	NURSING ADMINISTRATION	13.00	55,769	8,353	0		1.00
	TOTALS		55,769	8,353			
I - RECLASS FLOAT & TRANSPORTATION COST							
1.00	NURSING ADMINISTRATION	13.00	665,324	4,159	0		1.00
	TOTALS		665,324	4,159			
J - TO RECLASS MCC EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	51,893	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
	TOTALS		51,893	0			
K - RECLASS BLDG RENTAL							
1.00	PHYSICAL THERAPY	66.00	0	24,840	14		1.00
	TOTALS		0	24,840			
L - RECLASS BUILDING RENTAL SIHVI							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,829,928	14		1.00
	TOTALS		0	1,829,928			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	100,139	0		1.00
	TOTALS		0	100,139			
N - RECLASS OFALLON EXPENSE							
1.00	CLINIC	90.00	0	19,228	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
	TOTALS		0	19,228			
O - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	178,467	3		1.00
2.00		0.00	0	0	3		2.00
	TOTALS		0	178,467			
P - RECLASS OUTSIDE AGENCY SALARY EXP							
1.00	DATA PROCESSING	5.02	197,398	0	0		1.00
2.00	HOUSEKEEPING	9.00	1,257	0	0		2.00
3.00	OPERATION OF PLANT	7.00	251	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	3,704	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	769,520	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 4:15 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
6.00	INTENSIVE CARE UNIT	31.00	186,943	0	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	260,971	0	0	7.00	
8.00	OPERATING ROOM	50.00	202,668	0	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	66,280	0	0	9.00	
10.00	LABORATORY	60.00	147,731	0	0	10.00	
11.00	EMERGENCY	91.00	318,171	0	0	11.00	
12.00	ELECTROCARDIOLOGY	69.00	11,155	0	0	12.00	
13.00	PURCHASING RECEIVING AND STORES	5.03	923	0	0	13.00	
	TOTALS		2,166,972	0			
Q - RECLASS NURSERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,349,567	0	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	498,260	0	2.00	
	TOTALS		1,349,567	498,260			
R - RECLASS COST MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	117,987	0	1.00	
	TOTALS		0	117,987			
S - RECLASS OT EXPENSE							
1.00	PHYSICAL THERAPY	66.00	63,264	1,528	0	1.00	
	TOTALS		63,264	1,528			
T - RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,307,264	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,559,996	0	2.00	
	TOTALS		0	8,867,260			
U - RECLASS PENSION PLAN AUDIT FEES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,700	0	1.00	
	TOTALS		0	11,700			
V - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,196,223	14	1.00	
2.00		0.00	0	0	14	2.00	
	TOTALS		0	1,196,223			
W - RECLASS PATIENT ACCTS EXPENSE							
1.00	ADMINISTRATIVE	5.04	1,392,846	2,470,804	0	1.00	
	TOTALS		1,392,846	2,470,804			
X - RECLASS HOUSEKEEPING TO LAUNDRY							
1.00	HOUSEKEEPING	9.00	116,443	820,541	0	1.00	
	TOTALS		116,443	820,541			
500.00	Grand Total: Decreases		7,551,318	35,215,103		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,446,451	0	0	0	1.00
2.00	Land Improvements	5,059,963	0	0	868,217	2.00
3.00	Buildings and Fixtures	39,483,904	276,223	0	6,590,314	3.00
4.00	Building Improvements	14,314,268	0	0	0	4.00
5.00	Fixed Equipment	55,028,582	3,193,285	0	17,663,451	5.00
6.00	Movable Equipment	119,058,724	11,034,598	0	1,329,853	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	234,391,892	14,504,106	0	26,451,835	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	234,391,892	14,504,106	0	26,451,835	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,446,451	0			1.00
2.00	Land Improvements	4,191,746	1,810,614			2.00
3.00	Buildings and Fixtures	33,169,813	13,642,963			3.00
4.00	Building Improvements	14,314,268	377,800			4.00
5.00	Fixed Equipment	40,558,416	6,693,397			5.00
6.00	Movable Equipment	128,763,469	68,712,280			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	222,444,163	91,237,054			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	222,444,163	91,237,054			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,488,258	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	393,890	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,247,688	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,129,836	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,488,258				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	393,890				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,247,688				2.00
3.00	Total (sum of lines 1-2)	0	14,129,836				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	78,133,522	0	78,133,522	0.362738	64,737	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	8,502,347	0	8,502,347	0.039472	7,044	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	128,763,462	0	128,763,462	0.597790	106,686	2.00
3.00	Total (sum of lines 1-2)	215,399,331	0	215,399,331	1.000000	178,467	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	64,737	3,488,258	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	7,044	393,890	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	106,686	10,247,688	0	2.00
3.00	Total (sum of lines 1-2)	0	0	178,467	14,129,836	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	64,737	0	2,664,413	6,217,408	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	7,044	0	388,497	789,431	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	106,686	0	841,193	11,195,567	2.00
3.00	Total (sum of lines 1-2)	0	178,467	0	3,894,103	18,202,406	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140185

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)				ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)				ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)				ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-576,017		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-36,151		COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,861,304				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,144,717		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	-17,339		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)				0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	1,919		NEW CAP REL COSTS-BLDG & FIXT	1.00	14	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC				ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP				ONEW 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			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				OADULTS & PEDIATRICS	30.00		30.99

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		3.00	4.00
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	PRE NATAL CLASS REGISTRATION	B	-3,920		DELIVERY ROOM & LABOR ROOM	52.00	0	33.00
33.01	COFFEE SHOP SALES	A	-353,905		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.01
33.02	SALE OF X-RAY COPIES	B	-5,397		RADIOLOGY-DIAGNOSTIC	54.00	0	33.02
33.03	MISC OTHER INCOME	B	-390,815		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.05	ADVERTISING EXPENSE	A	-931,410		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.07			0			0.00	0	33.07
33.08	MALPRACTICE EXPENSE	A	-1,628,000		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09			0			0.00	0	33.09
33.10	MISC FOOD SERVICE REVENUE	B	-84,336		DIETARY	10.00	0	33.10
33.11	LOBBYING EXPENSES	A	-95,675		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.13	DINNER MEETING LIQUOR	A	-2,916		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.13
33.14			0			0.00	0	33.14
33.15			0			0.00	0	33.15
33.17	EMPLOYEE RECOGNITION DINNER	A	-4,370		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-17,066		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
35.00			0			0.00	0	35.00
36.00	PHYSICIAN LOAN FORGIVENESS	A	-161,828		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,313,247			0.00	0	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: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 4:15 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN RENT	1,829,928	1,829,928	1.00
2.00	0.00		0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	0	0	1,829,928	1,829,928	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	E	SW ILL HEALTH V	0.00	0.00	6.00
7.00	E	MEM FOUNDATION	0.00	0.00	7.00
8.00	E	MEM CAPTIVE AZ	0.00	0.00	8.00
9.00	E	MEM CAPTIVE CAY	0.00	0.00	9.00
10.00	E	MEM MED GROUP	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: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 4:15 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	14		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 4:15 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	611,225	3,476	607,749	197,500	3,806	1.00
2.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	164,550	0	164,550	197,500	1,097	2.00
3.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	7,993,098	7,993,098	0	0	0	3.00
4.00	5.06 DR. A	825	0	825	211,500	6	4.00
5.00	5.06 DR. B	675	0	675	211,500	5	5.00
6.00	13.00 DR. C	32,819	0	32,819	211,500	230	6.00
7.00	44.00 SKILLED NURSING FACILITY	11,569	11,569	0	0	0	7.00
8.00	44.00 DR. D	11,234	0	11,234	211,500	69	8.00
9.00	44.00 DR. E	246	0	246	211,500	2	9.00
10.00	44.00 DR. F	697	0	697	211,500	4	10.00
11.00	50.00 OPERATING ROOM	645,000	645,000	0	0	0	11.00
12.00	52.00 DELIVERY ROOM & LABOR ROOM	347,046	347,046	0	0	0	12.00
13.00	54.00 DR. G	9,450	0	9,450	271,900	42	13.00
14.00	54.00 DR. H	103,680	0	103,680	271,900	409	14.00
15.00	59.00 CARDIAC CATHETERIZATION	15,005	0	15,005	211,500	46	15.00
16.00	60.00 LABORATORY	150,000	0	150,000	260,300	1,170	16.00
17.00	65.00 RESPIRATORY THERAPY	3,049	0	3,049	197,500	19	17.00
18.00	69.00 ELECTROCARDIOLOGY	4,125	4,125	0	0	0	18.00
19.00	70.00 ELECTROENCEPHALOGRAPHY	8,007	0	8,007	211,500	51	19.00
20.00	91.00 EMERGENCY	2,435,980	2,435,980	0	0	0	20.00
21.00	91.00 DR. I	57,300	0	57,300	211,500	306	21.00
22.00	91.00 DR. J	10,000	0	10,000	211,500	83	22.00
200.00		12,615,580	11,440,294	1,175,286		7,345	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	361,387	18,069	0	0	0	1.00
2.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	104,162	5,208	0	0	0	2.00
3.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	0	0	0	0	324,462	3.00
4.00	5.06 DR. A	610	31	0	0	0	4.00
5.00	5.06 DR. B	508	25	0	0	0	5.00
6.00	13.00 DR. C	23,387	1,169	0	0	0	6.00
7.00	44.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00	44.00 DR. D	7,016	351	0	0	0	8.00
9.00	44.00 DR. E	203	10	0	0	0	9.00
10.00	44.00 DR. F	407	20	0	0	0	10.00
11.00	50.00 OPERATING ROOM	0	0	0	0	0	11.00
12.00	52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	12.00
13.00	54.00 DR. G	5,490	275	0	0	0	13.00
14.00	54.00 DR. H	53,465	2,673	0	0	0	14.00
15.00	59.00 CARDIAC CATHETERIZATION	4,677	234	0	0	0	15.00
16.00	60.00 LABORATORY	146,419	7,321	0	0	0	16.00
17.00	65.00 RESPIRATORY THERAPY	1,804	90	0	0	0	17.00
18.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	18.00
19.00	70.00 ELECTROENCEPHALOGRAPHY	5,186	259	0	0	0	19.00
20.00	91.00 EMERGENCY	0	0	0	0	530,980	20.00
21.00	91.00 DR. I	31,115	1,556	0	0	0	21.00
22.00	91.00 DR. J	8,440	422	0	0	0	22.00
200.00		754,276	37,713	0	0	855,442	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	0	361,387	246,362	249,838		1.00
2.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	0	104,162	60,388	60,388		2.00
3.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	0	0	0	7,993,098		3.00
4.00	5.06 DR. A	0	610	215	215		4.00
5.00	5.06 DR. B	0	508	167	167		5.00
6.00	13.00 DR. C	0	23,387	9,432	9,432		6.00
7.00	44.00 SKILLED NURSING FACILITY	0	0	0	11,569		7.00
8.00	44.00 DR. D	0	7,016	4,218	4,218		8.00
9.00	44.00 DR. E	0	203	43	43		9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140185

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

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		
10.00	44.00	DR. F	0	407	290	290		10.00
11.00	50.00	OPERATING ROOM	0	0	0	645,000		11.00
12.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	347,046		12.00
13.00	54.00	DR. G	0	5,490	3,960	3,960		13.00
14.00	54.00	DR. H	0	53,465	50,215	50,215		14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	4,677	10,328	10,328		15.00
16.00	60.00	LABORATORY	0	146,419	3,581	3,581		16.00
17.00	65.00	RESPIRATORY THERAPY	0	1,804	1,245	1,245		17.00
18.00	69.00	ELECTROCARDIOLOGY	0	0	0	4,125		18.00
19.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,186	2,821	2,821		19.00
20.00	91.00	EMERGENCY	0	0	0	2,435,980		20.00
21.00	91.00	DR. I	0	31,115	26,185	26,185		21.00
22.00	91.00	DR. J	0	8,440	1,560	1,560		22.00
200.00			0	754,276	421,010	11,861,304		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT		
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
	0	1.00	1.01	2.00	4.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,217,408	6,217,408			1.00	
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	789,431	0	789,431		1.01	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	11,195,567			11,195,567	2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,826,561		0	7,658	31,844,034	4.00
5.01 01160	COMMUNICATIONS	499,224	12,247	0	87,157	79,777	5.01
5.02 00550	DATA PROCESSING	5,318,380	93,521	0	4,872,664	574,857	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	569,449	105,014	0	103,481	170,773	5.03
5.04 00570	ADMITTING	1,406,578	22,421	0	2,046	430,097	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,863,650	61,714	0	6,460	468,473	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	22,203,244	546,705	180,744	67,032	1,418,222	5.06
7.00 00700	OPERATION OF PLANT	7,870,648	900,286	0	111,942	411,866	7.00
7.01 00701	OPERATION OF PLANT CC	164,912	0	24,473	129	21,757	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	936,984	3,186	8,865	5,783	38,227	8.00
9.00 00900	HOUSEKEEPING	2,362,327	95,405	0	26,875	564,997	9.00
9.01 00901	HOUSEKEEPING CC	222,602	0	14,817	523	38,870	9.01
10.00 01000	DIETARY	2,331,189	101,041	13,962	17,765	467,918	10.00
11.00 01100	CAFETERIA	442,701	150,696	0	31,824	309,597	11.00
13.00 01300	NURSING ADMINISTRATION	5,322,189	74,354	0	214,068	1,287,812	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	627,177	114,144	0	170,077	182,550	14.00
15.00 01500	PHARMACY	4,822,886	85,762	8,105	576,452	1,220,726	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,508,238	94,823	0	9,191	499,410	16.00
17.00 01700	SOCIAL SERVICE	798,548	21,136	9,150	0	223,686	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	25,092,576	1,488,989	0	488,570	7,494,539	30.00
31.00 03100	INTENSIVE CARE UNIT	5,188,945	209,669	0	175,148	1,118,363	31.00
43.00 04300	NURSERY	1,781,115	43,575	0	604	443,044	43.00
44.00 04400	SKILLED NURSING FACILITY	4,694,560	0	510,319	109,035	1,284,543	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	11,569,022	510,255	0	1,378,841	3,070,194	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,250,277	104,552	0	113,449	757,589	52.00
53.00 05300	ANESTHESIOLOGY	1,093,276	11,579	0	101,773	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,452,017	236,663	0	783,698	1,022,018	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700	CT SCAN	1,383,489	42,119	0	236,240	155,178	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	858,089	56,387	0	589,134	107,606	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,659,486	0	0	223,822	375,239	59.00
60.00 06000	LABORATORY	10,304,591	319,034	0	133,176	1,300,976	60.00
65.00 06500	RESPIRATORY THERAPY	2,410,955	42,838	1,108	53,115	645,310	65.00
66.00 06600	PHYSICAL THERAPY	4,739,141	60,874	11,556	61,582	1,505,914	66.00
67.00 06700	OCCUPATIONAL THERAPY	994,825	0	6,332	13,281	320,433	67.00
68.00 06800	SPEECH PATHOLOGY	622,059	0	0	22,080	195,802	68.00
69.00 06900	ELECTROCARDIOLOGY	1,687,832	96,758	0	151,456	482,350	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	931,165	66,938	0	52,794	278,949	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,824,323	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	8,867,260	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,058,353	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	DIABETIC EDUCATION OP	158,833	12,127	0	655	51,054	90.01
91.00 09100	EMERGENCY	6,915,242	277,977	0	180,377	2,130,286	91.00
91.01 09101	PARAMEDICS	0	0	0	0	0	91.01
91.02 09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103	OP PSYCH	506,950	48,936	0	161	0	91.03
91.04 09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	1,896,490	30,146	0	1,891	562,977	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	230,240,764	6,151,686	789,431	11,182,002	31,711,979	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,508	0	3,253	49,978	190.00
194.00 07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950	FOUNDATION	0	2,055	0	9,037	0	194.01
194.02 07951	EMT PROGRAM	355,254	15,159	0	1,275	82,077	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
202.00 TOTAL (sum lines 118-201)	230,596,018	6,217,408	789,431	11,195,567	31,844,034	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	678,405					5.01
5.02	00550	DATA PROCESSING	28,202	10,887,624				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,340	99,658	1,055,715			5.03
5.04	00570	ADMINISTRATIVE	16,612	59,518	5,456	1,942,728		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	20,476	352,955	0	0	4,773,728	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	53,314	686,532	300	0	0	5.06
7.00	00700	OPERATION OF PLANT	26,657	178,554	91	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	386	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,159	6,921	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,545	66,439	241	0	0	9.00
9.01	00901	HOUSEKEEPING CC	386	0	1	0	0	9.01
10.00	01000	DIETARY	4,636	199,316	375	0	0	10.00
11.00	01100	CAFETERIA	6,181	0	274	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,884	657,465	1,885	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,318	26,299	16,368	0	0	14.00
15.00	01500	PHARMACY	15,840	173,017	65,904	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,407	339,114	21	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,250	119,036	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,949	1,731,555	154,863	1,797,115	517,590	30.00
31.00	03100	INTENSIVE CARE UNIT	15,067	253,297	71,692	145,613	100,197	31.00
43.00	04300	NURSERY	5,022	83,048	3,727	0	25,262	43.00
44.00	04400	SKILLED NURSING FACILITY	13,908	325,272	22,057	0	30,092	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,656	1,550,234	582,067	0	517,616	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,477	159,176	12,948	0	31,431	52.00
53.00	05300	ANESTHESIOLOGY	2,318	6,921	21,172	0	92,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,565	696,221	4,479	0	337,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	36,692	56.02
57.00	05700	CT SCAN	6,954	33,219	1,559	0	472,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,091	26,299	228	0	115,422	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,135	132,877	17,487	0	126,626	59.00
60.00	06000	LABORATORY	33,611	519,051	4,753	0	740,290	60.00
65.00	06500	RESPIRATORY THERAPY	5,795	166,096	5,160	0	186,815	65.00
66.00	06600	PHYSICAL THERAPY	20,862	604,868	1,707	0	189,927	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,863	99,658	36	0	47,435	67.00
68.00	06800	SPEECH PATHOLOGY	3,091	66,439	1,327	0	17,621	68.00
69.00	06900	ELECTROCARDIOLOGY	25,112	173,017	1,151	0	257,326	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,568	132,877	750	0	40,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	56,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	70,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	507,172	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	2,318	19,378	39	0	482	90.01
91.00	09100	EMERGENCY	33,611	830,482	51,876	0	221,042	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	5,022	40,140	52	0	14,029	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,727	213,157	1,203	0	21,246	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	675,315	10,828,106	1,051,249	1,942,728	4,773,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	386	0	14	0	0	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	2,704	59,518	4,452	0	0	194.02
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)	678,405	10,887,624	1,055,715	1,942,728	4,773,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	25,156,093	25,156,093				5.06
7.00	00700	OPERATION OF PLANT	9,500,044	1,163,280	10,663,324			7.00
7.01	00701	OPERATION OF PLANT CC	211,657	25,917	0	237,574		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,001,125	122,588	7,607	3,605	1,134,925	8.00
9.00	00900	HOUSEKEEPING	3,117,829	381,778	227,812	0	5,911	9.00
9.01	00901	HOUSEKEEPING CC	277,199	33,943	0	6,025	0	9.01
10.00	01000	DIETARY	3,136,202	384,028	241,268	5,678	1,465	10.00
11.00	01100	CAFETERIA	941,273	115,259	359,837	0	982	11.00
13.00	01300	NURSING ADMINISTRATION	7,583,657	928,619	177,546	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,138,926	139,461	272,557	0	39,322	14.00
15.00	01500	PHARMACY	6,968,692	853,316	204,785	3,296	1,125	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,473,204	425,294	226,422	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,175,806	143,977	50,470	3,721	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,840,746	4,756,025	3,555,466	0	407,704	30.00
31.00	03100	INTENSIVE CARE UNIT	7,277,991	891,190	500,655	0	49,460	31.00
43.00	04300	NURSERY	2,385,397	292,092	104,049	0	23,642	43.00
44.00	04400	SKILLED NURSING FACILITY	6,989,786	855,899	0	207,524	90,878	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,289,885	2,362,046	1,218,406	0	153,380	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,432,899	420,358	249,653	0	40,017	52.00
53.00	05300	ANESTHESIOLOGY	1,329,186	162,759	27,648	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,572,947	927,307	565,113	0	53,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	36,692	4,493	0	0	0	56.02
57.00	05700	CT SCAN	2,331,637	285,509	100,573	0	25,302	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,756,256	215,054	134,642	0	15,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,548,672	312,085	0	0	22,961	59.00
60.00	06000	LABORATORY	13,355,482	1,635,379	761,800	0	23	60.00
65.00	06500	RESPIRATORY THERAPY	3,517,192	430,680	102,290	451	0	65.00
66.00	06600	PHYSICAL THERAPY	7,196,431	881,203	145,358	4,699	1,910	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,485,863	181,944	0	2,575	7	67.00
68.00	06800	SPEECH PATHOLOGY	928,419	113,685	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,875,002	352,044	231,043	0	16,816	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,510,656	184,980	159,837	0	9,515	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,880,671	1,209,888	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,937,400	1,094,385	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,565,525	1,048,849	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	244,886	29,986	28,957	0	0	90.01
91.00	09100	EMERGENCY	10,640,893	1,302,977	663,763	0	175,265	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	615,290	75,342	116,851	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,734,837	334,881	71,984	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	229,962,348	25,078,500	10,506,392	237,574	1,134,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,139	12,507	115,828	0	75	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	11,092	1,358	4,908	0	0	194.01
194.02	07951	EMT PROGRAM	520,439	63,728	36,196	0	0	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	230,596,018	25,156,093	10,663,324	237,574	1,134,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	3,733,330					9.00
9.01	00901		317,200				9.01
10.00	01000	5,299	7,901	3,781,841			10.00
11.00	01100	50,394	0	0	1,467,745		11.00
13.00	01300	29,887	0	0	47,667	8,767,376	13.00
14.00	01400	67,773	0	0	18,690	0	14.00
15.00	01500	41,902	4,586	0	44,609	0	15.00
16.00	01600	18,927	0	0	35,825	0	16.00
17.00	01700	0	5,178	0	13,201	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,647,398	0	2,498,849	442,951	4,725,908	30.00
31.00	03100	130,544	0	202,472	51,642	551,002	31.00
43.00	04300	141,011	0	0	22,078	235,509	43.00
44.00	04400	0	288,786	1,080,520	84,584	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	611,277	0	0	147,429	1,572,953	50.00
52.00	05200	12,212	0	0	36,185	386,029	52.00
53.00	05300	10,862	0	0	0	0	53.00
54.00	05400	135,580	0	0	57,017	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	15,405	0	0	9,731	0	57.00
58.00	05800	14,516	0	0	5,159	0	58.00
59.00	05900	89,662	0	0	18,288	0	59.00
60.00	06000	104,836	0	0	82,164	0	60.00
65.00	06500	10,006	627	0	40,129	0	65.00
66.00	06600	20,144	6,539	0	86,375	0	66.00
67.00	06700	428	3,583	0	17,434	0	67.00
68.00	06800	0	0	0	7,630	0	68.00
69.00	06900	70,110	0	0	23,087	0	69.00
70.00	07000	31,204	0	0	17,042	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	10,204	0	0	2,070	0	90.01
91.00	09100	396,272	0	0	121,469	1,295,975	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	10,006	0	0	0	0	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	6,682	0	0	24,714	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,682,574	317,200	3,781,841	1,457,170	8,767,376	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	29,657	0	0	6,096	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	21,099	0	0	4,479	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		3,733,330	317,200	3,781,841	1,467,745	8,767,376	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
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	1,676,729					14.00
15.00	01500	PHARMACY	0	8,122,311				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,179,672			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,392,353		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14	133,399	2,263,710	1,127,541	60,399,711	30.00
31.00	03100	INTENSIVE CARE UNIT	4,636	17,475	183,488	59,859	9,920,414	31.00
43.00	04300	NURSERY	0	8,581	41,797	0	3,254,156	43.00
44.00	04400	SKILLED NURSING FACILITY	13,608	18,838	71,054	173,904	9,875,381	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,524	106,849	0	0	25,465,749	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,872	11,897	0	0	4,592,122	52.00
53.00	05300	ANESTHESIOLOGY	0	55,064	0	0	1,585,519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	536	10,636	0	0	9,322,740	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	41,185	56.02
57.00	05700	CT SCAN	0	8,571	0	0	2,776,728	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	691	0	0	2,141,879	58.00
59.00	05900	CARDIAC CATHETERIZATION	299	13,841	0	0	3,005,808	59.00
60.00	06000	LABORATORY	0	0	0	0	15,939,684	60.00
65.00	06500	RESPIRATORY THERAPY	209	2	0	0	4,101,586	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,342,659	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,691,834	67.00
68.00	06800	SPEECH PATHOLOGY	155	0	0	0	1,049,889	68.00
69.00	06900	ELECTROCARDIOLOGY	307	704	0	0	3,569,113	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,913,234	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,646,629	0	0	0	12,737,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,031,785	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,519,963	0	0	17,134,337	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	316,103	90.01
91.00	09100	EMERGENCY	2,382	180,542	1,593,709	31,049	16,404,296	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	817,489	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,558	0	25,914	0	3,200,570	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,676,729	8,087,053	4,179,672	1,392,353	229,631,159	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	266,302	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	17,358	194.01
194.02	07951	EMT PROGRAM	0	35,258	0	0	681,199	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,676,729	8,122,311	4,179,672	1,392,353	230,596,018	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,176,021	56,223,690
31.00	03100	INTENSIVE CARE UNIT	-24,578	9,895,836
43.00	04300	NURSERY	0	3,254,156
44.00	04400	SKILLED NURSING FACILITY	0	9,875,381
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	25,465,749
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,592,122
53.00	05300	ANESTHESIOLOGY	0	1,585,519
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,322,740
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	0
56.02	05602	MISC NURSING OP	3,950,217	3,991,402
57.00	05700	CT SCAN	0	2,776,728
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,141,879
59.00	05900	CARDIAC CATHETERIZATION	0	3,005,808
60.00	06000	LABORATORY	0	15,939,684
65.00	06500	RESPIRATORY THERAPY	0	4,101,586
66.00	06600	PHYSICAL THERAPY	0	8,342,659
67.00	06700	OCCUPATIONAL THERAPY	0	1,691,834
68.00	06800	SPEECH PATHOLOGY	0	1,049,889
69.00	06900	ELECTROCARDIOLOGY	0	3,569,113
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,913,234
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,737,188
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,031,785
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,134,337
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	DIABETIC EDUCATION OP	0	316,103
91.00	09100	EMERGENCY	0	16,404,296
91.01	09101	PARAMEDICS	0	0
91.02	09102	OP TELEMETRY	225,804	225,804
91.03	09103	OP PSYCH	0	817,489
91.04	09104	ICU OTHER	24,578	24,578
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	3,200,570
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	229,631,159
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	266,302
194.00	07953	SPORTS & HEALTH CENTER	0	0
194.01	07950	FOUNDATION	0	17,358
194.02	07951	EMT PROGRAM	0	681,199
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	230,596,018

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,815	0	7,658	17,473 4.00
5.01 01160	COMMUNICATIONS	0	12,247	0	87,157	99,404 5.01
5.02 00550	DATA PROCESSING	0	93,521	0	4,872,664	4,966,185 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	105,014	0	103,481	208,495 5.03
5.04 00570	ADMINISTRATIVE	0	22,421	0	2,046	24,467 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	61,714	0	6,460	68,174 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	546,705	180,744	67,032	794,481 5.06
7.00 00700	OPERATION OF PLANT	0	900,286	0	111,942	1,012,228 7.00
7.01 00701	OPERATION OF PLANT CC	0	0	24,473	129	24,602 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,186	8,865	5,783	17,834 8.00
9.00 00900	HOUSEKEEPING	0	95,405	0	26,875	122,280 9.00
9.01 00901	HOUSEKEEPING CC	0	0	14,817	523	15,340 9.01
10.00 01000	DIETARY	0	101,041	13,962	17,765	132,768 10.00
11.00 01100	CAFETERIA	0	150,696	0	31,824	182,520 11.00
13.00 01300	NURSING ADMINISTRATION	0	74,354	0	214,068	288,422 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	114,144	0	170,070	284,214 14.00
15.00 01500	PHARMACY	0	85,762	8,105	576,452	670,319 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	94,823	0	9,191	104,014 16.00
17.00 01700	SOCIAL SERVICE	0	21,136	9,150	0	30,286 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,488,989	0	488,570	1,977,559 30.00
31.00 03100	INTENSIVE CARE UNIT	0	209,669	0	175,148	384,817 31.00
43.00 04300	NURSERY	0	43,575	0	604	44,179 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	510,319	109,035	619,354 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	510,255	0	1,378,841	1,889,096 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	104,552	0	113,449	218,001 52.00
53.00 05300	ANESTHESIOLOGY	0	11,579	0	101,773	113,352 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	236,663	0	783,698	1,020,361 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	0	42,119	0	236,240	278,359 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	56,387	0	589,134	645,521 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	223,822	223,822 59.00
60.00 06000	LABORATORY	0	319,034	0	133,176	452,210 60.00
65.00 06500	RESPIRATORY THERAPY	0	42,838	1,108	53,115	97,061 65.00
66.00 06600	PHYSICAL THERAPY	0	60,874	11,556	61,582	134,012 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	6,332	13,281	19,613 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	22,080	22,080 68.00
69.00 06900	ELECTROCARDIOLOGY	0	96,758	0	151,456	248,214 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	66,938	0	52,794	119,732 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETIC EDUCATION OP	0	12,127	0	655	12,782 90.01
91.00 09100	EMERGENCY	0	277,977	0	180,377	458,354 91.00
91.01 09101	PARAMEDICS	0	0	0	0	0 91.01
91.02 09102	OP TELEMETRY	0	0	0	0	0 91.02
91.03 09103	OP PSYCH	0	48,936	0	161	49,097 91.03
91.04 09104	ICU OTHER	0	0	0	0	0 91.04
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	30,146	0	1,891	32,037 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,151,686	789,431	11,182,002	18,123,119 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48,508	0	3,253	51,761 190.00
194.00 07953	SPORTS & HEALTH CENTER	0	0	0	0	0 194.00
194.01 07950	FOUNDATION	0	2,055	0	9,037	11,092 194.01
194.02 07951	EMT PROGRAM	0	15,159	0	1,275	16,434 194.02
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	0	6,217,408	789,431	11,195,567	18,202,406 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,473					4.00
5.01	01160	COMMUNICATIONS	44	99,448				5.01
5.02	00550	DATA PROCESSING	315	4,134	4,970,634			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	94	1,076	45,498	255,163		5.03
5.04	00570	ADMINISTRATIVE	236	2,435	27,172	1,319	55,629	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	257	3,002	161,138	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	778	7,815	313,429	72	0	5.06
7.00	00700	OPERATION OF PLANT	226	3,908	81,517	22	0	7.00
7.01	00701	OPERATION OF PLANT CC	12	57	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	21	170	3,160	0	0	8.00
9.00	00900	HOUSEKEEPING	310	227	30,332	58	0	9.00
9.01	00901	HOUSEKEEPING CC	21	57	0	0	0	9.01
10.00	01000	DIETARY	257	680	90,996	91	0	10.00
11.00	01100	CAFETERIA	170	906	0	66	0	11.00
13.00	01300	NURSING ADMINISTRATION	706	3,794	300,159	456	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	100	340	12,006	3,956	0	14.00
15.00	01500	PHARMACY	669	2,322	78,989	15,929	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	274	3,285	154,819	5	0	16.00
17.00	01700	SOCIAL SERVICE	123	623	54,345	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,122	10,987	790,522	37,429	51,459	30.00
31.00	03100	INTENSIVE CARE UNIT	613	2,209	115,640	17,327	4,170	31.00
43.00	04300	NURSERY	243	736	37,915	901	0	43.00
44.00	04400	SKILLED NURSING FACILITY	704	2,039	148,500	5,331	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,683	16,366	707,743	140,685	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	415	510	72,670	3,129	0	52.00
53.00	05300	ANESTHESIOLOGY	0	340	3,160	5,117	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	560	5,946	317,853	1,083	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	85	1,019	15,166	377	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	59	453	12,006	55	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	206	1,926	60,664	4,227	0	59.00
60.00	06000	LABORATORY	713	4,927	236,968	1,149	0	60.00
65.00	06500	RESPIRATORY THERAPY	354	849	75,830	1,247	0	65.00
66.00	06600	PHYSICAL THERAPY	826	3,058	276,146	413	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	176	566	45,498	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	107	453	30,332	321	0	68.00
69.00	06900	ELECTROCARDIOLOGY	264	3,681	78,989	278	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153	963	60,664	181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	28	340	8,847	9	0	90.01
91.00	09100	EMERGENCY	1,168	4,927	379,148	12,538	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	736	18,326	13	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	309	1,133	97,315	291	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,401	98,995	4,943,462	254,084	55,629	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27	57	0	3	0	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	45	396	27,172	1,076	0	194.02
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)	17,473	99,448	4,970,634	255,163	55,629	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	232,571					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	1,116,575				5.06
7.00	00700	OPERATION OF PLANT	0	51,633	1,149,534			7.00
7.01	00701	OPERATION OF PLANT CC	0	1,150	0	25,821		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,441	820	392	27,838	8.00
9.00	00900	HOUSEKEEPING	0	16,945	24,559	0	145	9.00
9.01	00901	HOUSEKEEPING CC	0	1,507	0	655	0	9.01
10.00	01000	DIETARY	0	17,045	26,009	617	36	10.00
11.00	01100	CAFETERIA	0	5,116	38,791	0	24	11.00
13.00	01300	NURSING ADMINISTRATION	0	41,217	19,140	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,190	29,382	0	965	14.00
15.00	01500	PHARMACY	0	37,875	22,076	358	28	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,877	24,409	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,391	5,441	404	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,180	211,108	383,288	0	9,999	30.00
31.00	03100	INTENSIVE CARE UNIT	4,874	39,556	53,972	0	1,213	31.00
43.00	04300	NURSERY	1,229	12,965	11,217	0	580	43.00
44.00	04400	SKILLED NURSING FACILITY	1,464	37,989	0	22,555	2,229	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,181	104,841	131,347	0	3,762	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,529	18,658	26,913	0	982	52.00
53.00	05300	ANESTHESIOLOGY	4,483	7,224	2,981	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,408	41,159	60,921	0	1,315	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	1,785	199	0	0	0	56.02
57.00	05700	CT SCAN	23,005	12,672	10,842	0	621	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,615	9,545	14,515	0	382	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,160	13,852	0	0	563	59.00
60.00	06000	LABORATORY	36,351	72,587	82,124	0	1	60.00
65.00	06500	RESPIRATORY THERAPY	9,088	19,116	11,027	49	0	65.00
66.00	06600	PHYSICAL THERAPY	9,240	39,113	15,670	511	47	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,308	8,076	0	280	0	67.00
68.00	06800	SPEECH PATHOLOGY	857	5,046	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,519	15,626	24,907	0	412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,976	8,210	17,231	0	233	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,741	53,701	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,412	48,575	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,673	46,554	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	23	1,331	3,122	0	0	90.01
91.00	09100	EMERGENCY	10,753	57,833	71,555	0	4,299	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	683	3,344	12,597	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,034	14,864	7,760	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	232,571	1,113,131	1,132,616	25,821	27,836	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	555	12,487	0	2	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	60	529	0	0	194.01
194.02	07951	EMT PROGRAM	0	2,829	3,902	0	0	194.02
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)	232,571	1,116,575	1,149,534	25,821	27,838	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	194,856					9.00
9.01	00901		17,582				9.01
10.00	01000	277	438	269,214			10.00
11.00	01100	2,630	0	0	230,223		11.00
13.00	01300	1,560	0	0	7,477	662,931	13.00
14.00	01400	3,537	0	0	2,932	0	14.00
15.00	01500	2,187	254	0	6,997	0	15.00
16.00	01600	988	0	0	5,619	0	16.00
17.00	01700	0	287	0	2,071	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,983	0	177,883	69,479	357,342	30.00
31.00	03100	6,814	0	14,413	8,100	41,663	31.00
43.00	04300	7,360	0	0	3,463	17,808	43.00
44.00	04400	0	16,007	76,918	13,267	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,905	0	0	23,125	118,936	50.00
52.00	05200	637	0	0	5,676	29,189	52.00
53.00	05300	567	0	0	0	0	53.00
54.00	05400	7,076	0	0	8,943	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	804	0	0	1,526	0	57.00
58.00	05800	758	0	0	809	0	58.00
59.00	05900	4,680	0	0	2,869	0	59.00
60.00	06000	5,472	0	0	12,888	0	60.00
65.00	06500	522	35	0	6,294	0	65.00
66.00	06600	1,051	362	0	13,548	0	66.00
67.00	06700	22	199	0	2,735	0	67.00
68.00	06800	0	0	0	1,197	0	68.00
69.00	06900	3,659	0	0	3,621	0	69.00
70.00	07000	1,629	0	0	2,673	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	533	0	0	325	0	90.01
91.00	09100	20,683	0	0	19,053	97,993	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	522	0	0	0	0	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	349	0	0	3,877	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		192,207	17,582	269,214	228,564	662,931	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,548	0	0	956	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	1,101	0	0	703	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		194,856	17,582	269,214	230,223	662,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901						9.01
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	343,622					14.00
15.00	01500	0	838,003				15.00
16.00	01600	0	0	312,290			16.00
17.00	01700	0	0	0	99,971		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3	13,763	169,136	80,958	4,456,200	30.00
31.00	03100	950	1,803	13,710	4,298	716,142	31.00
43.00	04300	0	885	3,123	0	142,604	43.00
44.00	04400	2,789	1,944	5,309	12,486	968,885	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	722	11,024	0	0	3,206,416	50.00
52.00	05200	589	1,227	0	0	380,125	52.00
53.00	05300	0	5,681	0	0	142,905	53.00
54.00	05400	110	1,097	0	0	1,482,832	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	1,984	56.02
57.00	05700	0	884	0	0	345,360	57.00
58.00	05800	0	71	0	0	689,789	58.00
59.00	05900	61	1,428	0	0	320,458	59.00
60.00	06000	0	0	0	0	905,390	60.00
65.00	06500	43	0	0	0	221,515	65.00
66.00	06600	0	0	0	0	493,997	66.00
67.00	06700	0	0	0	0	79,482	67.00
68.00	06800	32	0	0	0	60,425	68.00
69.00	06900	63	73	0	0	392,306	69.00
70.00	07000	0	0	0	0	213,645	70.00
71.00	07100	337,453	0	0	0	393,895	71.00
72.00	07200	0	0	0	0	51,987	72.00
73.00	07300	0	775,858	0	0	847,085	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	27,340	90.01
91.00	09100	488	18,627	119,076	2,229	1,278,724	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	0	0	0	85,318	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	319	0	1,936	0	161,224	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		343,622	834,365	312,290	99,971	18,066,033	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	67,396	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	11,681	194.01
194.02	07951	0	3,638	0	0	57,296	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		343,622	838,003	312,290	99,971	18,202,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-291,120	4,165,080
31.00	03100	INTENSIVE CARE UNIT	-1,692	714,450
43.00	04300	NURSERY	0	142,604
44.00	04400	SKILLED NURSING FACILITY	0	968,885
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	3,206,416
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	380,125
53.00	05300	ANESTHESIOLOGY	0	142,905
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,482,832
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	0
56.02	05602	MISC NURSING OP	275,379	277,363
57.00	05700	CT SCAN	0	345,360
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	689,789
59.00	05900	CARDIAC CATHETERIZATION	0	320,458
60.00	06000	LABORATORY	0	905,390
65.00	06500	RESPIRATORY THERAPY	0	221,515
66.00	06600	PHYSICAL THERAPY	0	493,997
67.00	06700	OCCUPATIONAL THERAPY	0	79,482
68.00	06800	SPEECH PATHOLOGY	0	60,425
69.00	06900	ELECTROCARDIOLOGY	0	392,306
70.00	07000	ELECTROENCEPHALOGRAPHY	0	213,645
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	393,895
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	51,987
73.00	07300	DRUGS CHARGED TO PATIENTS	0	847,085
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	DIABETIC EDUCATION OP	0	27,340
91.00	09100	EMERGENCY	0	1,278,724
91.01	09101	PARAMEDICS	0	0
91.02	09102	OP TELEMETRY	15,741	15,741
91.03	09103	OP PSYCH	0	85,318
91.04	09104	ICU OTHER	1,692	1,692
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	161,224
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	18,066,033
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	67,396
194.00	07953	SPORTS & HEALTH CENTER	0	0
194.01	07950	FOUNDATION	0	11,681
194.02	07951	EMT PROGRAM	0	57,296
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	18,202,406

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	362,988				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			11,129,429		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	573	0	7,613	97,000,829	4.00
5.01 01160	COMMUNICATIONS	715	0	86,642	243,012	1,756 5.01
5.02 00550	DATA PROCESSING	5,460	0	4,843,881	1,751,085	73 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,131	0	102,870	520,197	19 5.03
5.04 00570	ADMINITTING	1,309	0	2,034	1,310,130	43 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,603	0	6,422	1,427,026	53 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	31,918	5,709	66,636	4,320,081	138 5.06
7.00 00700	OPERATION OF PLANT	52,561	0	111,281	1,254,594	69 7.00
7.01 00701	OPERATION OF PLANT CC	0	773	128	66,276	1 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	186	280	5,749	116,443	3 8.00
9.00 00900	HOUSEKEEPING	5,570	0	26,716	1,721,052	4 9.00
9.01 00901	HOUSEKEEPING CC	0	468	520	118,403	1 9.01
10.00 01000	DIETARY	5,899	441	17,660	1,425,337	12 10.00
11.00 01100	CAFETERIA	8,798	0	31,636	943,071	16 11.00
13.00 01300	NURSING ADMINISTRATION	4,341	0	212,803	3,922,836	67 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,664	0	169,065	556,070	6 14.00
15.00 01500	PHARMACY	5,007	256	573,046	3,718,484	41 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,536	0	9,137	1,521,264	58 16.00
17.00 01700	SOCIAL SERVICE	1,234	289	0	681,374	11 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	86,931	0	485,684	22,829,236	194 30.00
31.00 03100	INTENSIVE CARE UNIT	12,241	0	174,113	3,406,673	39 31.00
43.00 04300	NURSERY	2,544	0	600	1,349,567	13 43.00
44.00 04400	SKILLED NURSING FACILITY	0	16,119	108,391	3,912,877	36 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	29,790	0	1,370,695	9,352,192	289 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,104	0	112,779	2,307,709	9 52.00
53.00 05300	ANESTHESIOLOGY	676	0	101,172	0	6 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,817	0	779,068	3,113,194	105 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	2,459	0	234,844	472,693	18 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	585,653	327,782	8 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	222,500	1,143,024	34 59.00
60.00 06000	LABORATORY	18,626	0	132,389	3,962,936	87 60.00
65.00 06500	RESPIRATORY THERAPY	2,501	35	52,801	1,965,695	15 65.00
66.00 06600	PHYSICAL THERAPY	3,554	365	61,218	4,587,201	54 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	200	13,203	976,080	10 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	21,950	596,438	8 68.00
69.00 06900	ELECTROCARDIOLOGY	5,649	0	150,561	1,469,297	65 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,908	0	52,482	849,714	17 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETIC EDUCATION OP	708	0	651	155,518	6 90.01
91.00 09100	EMERGENCY	16,229	0	179,311	6,489,116	87 91.00
91.01 09101	PARAMEDICS	0	0	0	0	0 91.01
91.02 09102	OP TELEMETRY	0	0	0	0	0 91.02
91.03 09103	OP PSYCH	2,857	0	160	0	13 91.03
91.04 09104	ICU OTHER	0	0	0	0	0 91.04
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,760	0	1,880	1,714,897	20 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	359,151	24,935	11,115,944	96,598,574	1,748 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,832	0	3,234	152,238	1 190.00
194.00 07953	SPORTS & HEALTH CENTER	0	0	0	0	0 194.00
194.01 07950	FOUNDATION	120	0	8,984	0	0 194.01
194.02 07951	EMT PROGRAM	885	0	1,267	250,017	7 194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	6,217,408	789,431	11,195,567	31,844,034	678,405	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.128412	31.659555	1.005943	0.328286	386.335421	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				17,473	99,448	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000180	56.633257	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550	7,866					5.02
5.03	00560	72	10,100,165				5.03
5.04	00570	43	52,202	65,788			5.04
5.05	00580	255	0	0	1,122,024,523		5.05
5.06	00591	496	2,868	0	0	-25,156,093	5.06
7.00	00700	129	866	0	0	0	7.00
7.01	00701	0	4	0	0	0	7.01
8.00	00800	5	0	0	0	0	8.00
9.00	00900	48	2,309	0	0	0	9.00
9.01	00901	0	9	0	0	0	9.01
10.00	01000	144	3,590	0	0	0	10.00
11.00	01100	0	2,617	0	0	0	11.00
13.00	01300	475	18,031	0	0	0	13.00
14.00	01400	19	156,590	0	0	0	14.00
15.00	01500	125	630,514	0	0	0	15.00
16.00	01600	245	200	0	0	0	16.00
17.00	01700	86	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,251	1,481,589	60,857	121,642,865	0	30.00
31.00	03100	183	685,881	4,931	23,548,078	0	31.00
43.00	04300	60	35,661	0	5,937,103	0	43.00
44.00	04400	235	211,025	0	7,072,081	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,120	5,568,726	0	121,648,951	0	50.00
52.00	05200	115	123,873	0	7,386,898	0	52.00
53.00	05300	5	202,556	0	21,656,101	0	53.00
54.00	05400	503	42,853	0	79,268,044	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	8,623,243	0	56.02
57.00	05700	24	14,913	0	111,134,866	0	57.00
58.00	05800	19	2,179	0	27,126,317	0	58.00
59.00	05900	96	167,303	0	29,759,406	0	59.00
60.00	06000	375	45,474	0	174,095,074	0	60.00
65.00	06500	120	49,362	0	43,904,857	0	65.00
66.00	06600	437	16,331	0	44,636,272	0	66.00
67.00	06700	72	347	0	11,148,026	0	67.00
68.00	06800	48	12,700	0	4,141,306	0	68.00
69.00	06900	125	11,012	0	60,476,244	0	69.00
70.00	07000	96	7,174	0	9,545,169	0	70.00
71.00	07100	0	0	0	13,242,731	0	71.00
72.00	07200	0	0	0	16,484,251	0	72.00
73.00	07300	0	0	0	119,194,410	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	14	371	0	113,224	0	90.01
91.00	09100	600	496,298	0	51,948,711	0	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	29	496	0	3,297,126	0	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	154	11,507	0	4,993,169	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		7,823	10,057,431	65,788	1,122,024,523	-25,156,093	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	137	0	0	0	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	43	42,597	0	0	0	194.02
200.00							200.00
201.00							201.00
202.00		10,887,624	1,055,715	1,942,728	4,773,728		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	1,384.137300	0.104525	29.530127	0.004255		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,970,634	255,163	55,629	232,571		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	631.913806	0.025263	0.845580	0.000207		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591	205,439,925					5.06
7.00	00700	9,500,044	260,718				7.00
7.01	00701	211,657	0	18,453			7.01
8.00	00800	1,001,125	186	280	1,592,407		8.00
9.00	00900	3,117,829	5,570	0	8,293	113,421	9.00
9.01	00901	277,199	0	468	0	1	9.01
10.00	01000	3,136,202	5,899	441	2,055	161	10.00
11.00	01100	941,273	8,798	0	1,378	1,531	11.00
13.00	01300	7,583,657	4,341	0	0	908	13.00
14.00	01400	1,138,926	6,664	0	55,173	2,059	14.00
15.00	01500	6,968,692	5,007	256	1,578	1,273	15.00
16.00	01600	3,473,204	5,536	0	0	575	16.00
17.00	01700	1,175,806	1,234	289	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,840,746	86,931	0	572,048	50,049	30.00
31.00	03100	7,277,991	12,241	0	69,397	3,966	31.00
43.00	04300	2,385,397	2,544	0	33,172	4,284	43.00
44.00	04400	6,989,786	0	16,119	127,511	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,289,885	29,790	0	215,207	18,571	50.00
52.00	05200	3,432,899	6,104	0	56,147	371	52.00
53.00	05300	1,329,186	676	0	0	330	53.00
54.00	05400	7,572,947	13,817	0	75,212	4,119	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.02	05602	36,692	0	0	0	0	56.02
57.00	05700	2,331,637	2,459	0	35,501	468	57.00
58.00	05800	1,756,256	3,292	0	21,834	441	58.00
59.00	05900	2,548,672	0	0	32,217	2,724	59.00
60.00	06000	13,355,482	18,626	0	32	3,185	60.00
65.00	06500	3,517,192	2,501	35	0	304	65.00
66.00	06600	7,196,431	3,554	365	2,680	612	66.00
67.00	06700	1,485,863	0	200	10	13	67.00
68.00	06800	928,419	0	0	0	0	68.00
69.00	06900	2,875,002	5,649	0	23,594	2,130	69.00
70.00	07000	1,510,656	3,908	0	13,350	948	70.00
71.00	07100	9,880,671	0	0	0	0	71.00
72.00	07200	8,937,400	0	0	0	0	72.00
73.00	07300	8,565,525	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	244,886	708	0	0	310	90.01
91.00	09100	10,640,893	16,229	0	245,913	12,039	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	615,290	2,857	0	0	304	91.03
91.04	09104	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	2,734,837	1,760	0	0	203	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		204,806,255	256,881	18,453	1,592,302	111,879	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	102,139	2,832	0	105	901	190.00
194.00	07953	0	0	0	0	0	194.00
194.01	07950	11,092	120	0	0	0	194.01
194.02	07951	520,439	885	0	0	641	194.02
200.00							200.00
201.00							201.00
202.00		25,156,093	10,663,324	237,574	1,134,925	3,733,330	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.122450	40.899838	12.874546	0.712710	32.915686	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,116,575	1,149,534	25,821	27,838	194,856	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005435	4.409109	1.399285	0.017482	1.717989	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description			HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
			9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC	17,705					9.01
10.00	01000	DIETARY	441	276,309				10.00
11.00	01100	CAFETERIA	0	0	142,534			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	4,629	3,922,836		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,815	0	954,419	14.00
15.00	01500	PHARMACY	256	0	4,332	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,479	0	0	16.00
17.00	01700	SOCIAL SERVICE	289	0	1,282	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	182,571	43,015	2,114,540	8	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,793	5,015	246,538	2,639	31.00
43.00	04300	NURSERY	0	0	2,144	105,375	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,119	78,945	8,214	0	7,746	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	14,317	703,795	2,006	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,514	172,723	1,635	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	5,537	0	305	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	945	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	501	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,776	0	170	59.00
60.00	06000	LABORATORY	0	0	7,979	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	35	0	3,897	0	119	65.00
66.00	06600	PHYSICAL THERAPY	365	0	8,388	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	200	0	1,693	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	741	0	88	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,242	0	175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,655	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	937,285	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	201	0	0	90.01
91.00	09100	EMERGENCY	0	0	11,796	579,865	1,356	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	2,400	0	887	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,705	276,309	141,507	3,922,836	954,419	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	592	0	0	190.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	435	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	317,200	3,781,841	1,467,745	8,767,376	1,676,729	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	17.915843	13.686999	10.297508	2.234959	1.756806	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	17,582	269,214	230,223	662,931	343,622	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.993053	0.974322	1.615215	0.168993	0.360033	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.01	01160				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
9.01	00901				9.01
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	8,703,827	10,000		16.00
17.00	01700	0	0	18,655	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	142,950	5,416	15,107	30.00
31.00	03100	18,726	439	802	31.00
43.00	04300	9,195	100	0	43.00
44.00	04400	20,187	170	2,330	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	114,499	0	0	50.00
52.00	05200	12,749	0	0	52.00
53.00	05300	59,006	0	0	53.00
54.00	05400	11,398	0	0	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.02	05602	0	0	0	56.02
57.00	05700	9,185	0	0	57.00
58.00	05800	741	0	0	58.00
59.00	05900	14,832	0	0	59.00
60.00	06000	0	0	0	60.00
65.00	06500	2	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	754	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	8,058,353	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
91.00	09100	193,468	3,813	416	91.00
91.01	09101	0	0	0	91.01
91.02	09102	0	0	0	91.02
91.03	09103	0	0	0	91.03
91.04	09104	0	0	0	91.04
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	0	62	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
118.00		8,666,045	10,000	18,655	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
194.00	07953	0	0	0	194.00
194.01	07950	0	0	0	194.01
194.02	07951	37,782	0	0	194.02
200.00					200.00
201.00					201.00
202.00		8,122,311	4,179,672	1,392,353	202.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.933188	417.967200	74.636987	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	838,003	312,290	99,971	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.096280	31.229000	5.358939	205.00

Provider CCN: 140185

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

Worksheet B-2

Date/Time Prepared:
5/24/2016 4:15 pm

	Description	Worksheet		Amount	
		Part	Line No.		
		1.00	2.00		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS	1	74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM	1	94.00	0	6.00
7.00	MISC NURSING OP	1	56.02	3,950,217	7.00
8.00	ADULTS & PEDIATRICS	1	30.00	-4,176,021	8.00
9.00	OP TELEMETRY	1	91.02	225,804	9.00
10.00	MISC NURSING OP	2	56.02	275,379	10.00
11.00	ADULTS & PEDIATRICS	2	30.00	-291,120	11.00
12.00	OP TELEMETRY	2	91.02	15,741	12.00
13.00	ICU OTHER	1	91.04	24,578	13.00
14.00	ICU	1	31.00	-24,578	14.00
15.00	ICU OTHER	2	91.04	1,692	15.00
16.00	ICU	2	31.00	-1,692	16.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

		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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		56,223,690	0	56,223,690	30.00	
31.00	03100 INTENSIVE CARE UNIT		9,895,836	0	9,895,836	31.00	
43.00	04300 NURSERY		3,254,156	0	3,254,156	43.00	
44.00	04400 SKILLED NURSING FACILITY		9,875,381	4,551	9,879,932	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		25,465,749	0	25,465,749	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,592,122	0	4,592,122	52.00	
53.00	05300 ANESTHESIOLOGY		1,585,519	0	1,585,519	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,322,740	54,175	9,376,915	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.02	05602 MISC NURSING OP		3,991,402	0	3,991,402	56.02	
57.00	05700 CT SCAN		2,776,728	0	2,776,728	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,141,879	0	2,141,879	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,005,808	10,328	3,016,136	59.00	
60.00	06000 LABORATORY		15,939,684	3,581	15,943,265	60.00	
65.00	06500 RESPIRATORY THERAPY	0	4,101,586	1,245	4,102,831	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,342,659	0	8,342,659	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,691,834	0	1,691,834	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,049,889	0	1,049,889	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,569,113	0	3,569,113	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,913,234	2,821	1,916,055	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,737,188	0	12,737,188	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,031,785	0	10,031,785	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,134,337	0	17,134,337	73.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 DIABETIC EDUCATION OP		316,103	0	316,103	90.01	
91.00	09100 EMERGENCY		16,404,296	27,745	16,432,041	91.00	
91.01	09101 PARAMEDICS		0	0	0	91.01	
91.02	09102 OP TELEMETRY		225,804	0	225,804	91.02	
91.03	09103 OP PSYCH		817,489	0	817,489	91.03	
91.04	09104 ICU OTHER		24,578	0	24,578	91.04	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		3,200,570		3,200,570	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		229,631,159	0	229,735,605	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		229,631,159	0	229,735,605	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

		Title XVIIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,140,462		121,140,462			30.00
31.00	03100	INTENSIVE CARE UNIT	23,489,176		23,489,176			31.00
43.00	04300	NURSERY	5,937,103		5,937,103			43.00
44.00	04400	SKILLED NURSING FACILITY	7,072,081		7,072,081			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,517,307	85,131,644	121,648,951	0.209338	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,434,540	952,358	7,386,898	0.621658	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,101,956	9,554,145	21,656,101	0.073214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,066,481	63,201,563	79,268,044	0.117610	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.02	05602	MISC NURSING OP	0	8,632,720	8,632,720	0.462357	0.000000	56.02
57.00	05700	CT SCAN	27,109,391	84,025,475	111,134,866	0.024985	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,896,781	21,229,536	27,126,317	0.078959	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,821,894	11,937,512	29,759,406	0.101004	0.000000	59.00
60.00	06000	LABORATORY	78,562,318	95,532,756	174,095,074	0.091557	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	38,183,970	5,720,887	43,904,857	0.093420	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,456,619	24,179,653	44,636,272	0.186903	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,430,993	2,717,033	11,148,026	0.151761	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,862,566	1,278,740	4,141,306	0.253516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,478,149	36,998,095	60,476,244	0.059017	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,516	9,536,653	9,545,169	0.200440	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,605,486	7,637,245	13,242,731	0.961825	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,940,420	5,543,831	16,484,251	0.608568	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,068,887	25,125,523	119,194,410	0.143751	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	113,224	113,224	2.791837	0.000000	90.01
91.00	09100	EMERGENCY	12,153,435	39,795,276	51,948,711	0.315779	0.000000	91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000	91.01
91.02	09102	OP TELEMTRY	0	492,926	492,926	0.458089	0.000000	91.02
91.03	09103	OP PSYCH	0	3,297,126	3,297,126	0.247940	0.000000	91.03
91.04	09104	ICU OTHER	0	58,902	58,902	0.417269	0.000000	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,993,169	4,993,169			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	574,338,531	547,685,992	1,122,024,523			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	574,338,531	547,685,992	1,122,024,523			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.209338		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.621658		52.00
53.00	05300 ANESTHESIOLOGY	0.073214		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118294		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.02	05602 MISC NURSING OP	0.462357		56.02
57.00	05700 CT SCAN	0.024985		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101351		59.00
60.00	06000 LABORATORY	0.091578		60.00
65.00	06500 RESPIRATORY THERAPY	0.093448		65.00
66.00	06600 PHYSICAL THERAPY	0.186903		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151761		67.00
68.00	06800 SPEECH PATHOLOGY	0.253516		68.00
69.00	06900 ELECTROCARDIOLOGY	0.059017		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200736		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.608568		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143751		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETIC EDUCATION OP	2.791837		90.01
91.00	09100 EMERGENCY	0.316313		91.00
91.01	09101 PARAMEDICS	0.000000		91.01
91.02	09102 OP TELEMETRY	0.458089		91.02
91.03	09103 OP PSYCH	0.247940		91.03
91.04	09104 ICU OTHER	0.417269		91.04
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		56,223,690	0	56,223,690	30.00	
31.00	03100 INTENSIVE CARE UNIT		9,895,836	0	9,895,836	31.00	
43.00	04300 NURSERY		3,254,156	0	3,254,156	43.00	
44.00	04400 SKILLED NURSING FACILITY		9,875,381	4,551	9,879,932	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		25,465,749	0	25,465,749	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,592,122	0	4,592,122	52.00	
53.00	05300 ANESTHESIOLOGY		1,585,519	0	1,585,519	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,322,740	54,175	9,376,915	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.02	05602 MISC NURSING OP		3,991,402	0	3,991,402	56.02	
57.00	05700 CT SCAN		2,776,728	0	2,776,728	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,141,879	0	2,141,879	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,005,808	10,328	3,016,136	59.00	
60.00	06000 LABORATORY		15,939,684	3,581	15,943,265	60.00	
65.00	06500 RESPIRATORY THERAPY	0	4,101,586	1,245	4,102,831	65.00	
66.00	06600 PHYSICAL THERAPY	0	8,342,659	0	8,342,659	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,691,834	0	1,691,834	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,049,889	0	1,049,889	68.00	
69.00	06900 ELECTROCARDIOLOGY		3,569,113	0	3,569,113	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,913,234	2,821	1,916,055	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,737,188	0	12,737,188	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		10,031,785	0	10,031,785	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,134,337	0	17,134,337	73.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 DIABETIC EDUCATION OP		316,103	0	316,103	90.01	
91.00	09100 EMERGENCY		16,404,296	27,745	16,432,041	91.00	
91.01	09101 PARAMEDICS		0	0	0	91.01	
91.02	09102 OP TELEMETRY		225,804	0	225,804	91.02	
91.03	09103 OP PSYCH		817,489	0	817,489	91.03	
91.04	09104 ICU OTHER		24,578	0	24,578	91.04	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		3,200,570		3,200,570	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		229,631,159	0	229,735,605	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)		229,631,159	0	229,735,605	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 4:15 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,140,462		121,140,462			30.00
31.00	03100	INTENSIVE CARE UNIT	23,489,176		23,489,176			31.00
43.00	04300	NURSERY	5,937,103		5,937,103			43.00
44.00	04400	SKILLED NURSING FACILITY	7,072,081		7,072,081			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,517,307	85,131,644	121,648,951	0.209338	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,434,540	952,358	7,386,898	0.621658	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,101,956	9,554,145	21,656,101	0.073214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,066,481	63,201,563	79,268,044	0.117610	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.02	05602	MISC NURSING OP	0	8,632,720	8,632,720	0.462357	0.000000	56.02
57.00	05700	CT SCAN	27,109,391	84,025,475	111,134,866	0.024985	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,896,781	21,229,536	27,126,317	0.078959	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,821,894	11,937,512	29,759,406	0.101004	0.000000	59.00
60.00	06000	LABORATORY	78,562,318	95,532,756	174,095,074	0.091557	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	38,183,970	5,720,887	43,904,857	0.093420	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,456,619	24,179,653	44,636,272	0.186903	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,430,993	2,717,033	11,148,026	0.151761	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,862,566	1,278,740	4,141,306	0.253516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,478,149	36,998,095	60,476,244	0.059017	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,516	9,536,653	9,545,169	0.200440	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,605,486	7,637,245	13,242,731	0.961825	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,940,420	5,543,831	16,484,251	0.608568	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,068,887	25,125,523	119,194,410	0.143751	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	113,224	113,224	2.791837	0.000000	90.01
91.00	09100	EMERGENCY	12,153,435	39,795,276	51,948,711	0.315779	0.000000	91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000	91.01
91.02	09102	OP TELEMTRY	0	492,926	492,926	0.458089	0.000000	91.02
91.03	09103	OP PSYCH	0	3,297,126	3,297,126	0.247940	0.000000	91.03
91.04	09104	ICU OTHER	0	58,902	58,902	0.417269	0.000000	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,993,169	4,993,169			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	574,338,531	547,685,992	1,122,024,523			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	574,338,531	547,685,992	1,122,024,523			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
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
56.02	05602 MISC NURSING OP	0.000000			56.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.000000			91.02
91.03	09103 OP PSYCH	0.000000			91.03
91.04	09104 ICU OTHER	0.000000			91.04
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
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: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	56,223,690		56,223,690	0	56,223,690	30.00
31.00	03100 INTENSIVE CARE UNIT	9,895,836		9,895,836	0	9,895,836	31.00
43.00	04300 NURSERY	3,254,156		3,254,156	0	3,254,156	43.00
44.00	04400 SKILLED NURSING FACILITY	9,875,381		9,875,381	4,551	9,879,932	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,465,749		25,465,749	0	25,465,749	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,592,122		4,592,122	0	4,592,122	52.00
53.00	05300 ANESTHESIOLOGY	1,585,519		1,585,519	0	1,585,519	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,322,740		9,322,740	54,175	9,376,915	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.02	05602 MISC NURSING OP	3,991,402		3,991,402	0	3,991,402	56.02
57.00	05700 CT SCAN	2,776,728		2,776,728	0	2,776,728	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,141,879		2,141,879	0	2,141,879	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,005,808		3,005,808	10,328	3,016,136	59.00
60.00	06000 LABORATORY	15,939,684		15,939,684	3,581	15,943,265	60.00
65.00	06500 RESPIRATORY THERAPY	4,101,586	0	4,101,586	1,245	4,102,831	65.00
66.00	06600 PHYSICAL THERAPY	8,342,659	0	8,342,659	0	8,342,659	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,691,834	0	1,691,834	0	1,691,834	67.00
68.00	06800 SPEECH PATHOLOGY	1,049,889	0	1,049,889	0	1,049,889	68.00
69.00	06900 ELECTROCARDIOLOGY	3,569,113		3,569,113	0	3,569,113	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,913,234		1,913,234	2,821	1,916,055	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,737,188		12,737,188	0	12,737,188	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	10,031,785		10,031,785	0	10,031,785	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,134,337		17,134,337	0	17,134,337	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	316,103		316,103	0	316,103	90.01
91.00	09100 EMERGENCY	16,404,296		16,404,296	27,745	16,432,041	91.00
91.01	09101 PARAMEDICS	0		0	0	0	91.01
91.02	09102 OP TELEMETRY	225,804		225,804	0	225,804	91.02
91.03	09103 OP PSYCH	817,489		817,489	0	817,489	91.03
91.04	09104 ICU OTHER	24,578		24,578	0	24,578	91.04
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	3,200,570		3,200,570		3,200,570	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	229,631,159	0	229,631,159	104,446	229,735,605	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	229,631,159	0	229,631,159	104,446	229,735,605	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				
		Hospital			9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,140,462		121,140,462			30.00
31.00	03100	INTENSIVE CARE UNIT	23,489,176		23,489,176			31.00
43.00	04300	NURSERY	5,937,103		5,937,103			43.00
44.00	04400	SKILLED NURSING FACILITY	7,072,081		7,072,081			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,517,307	85,131,644	121,648,951	0.209338	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,434,540	952,358	7,386,898	0.621658	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	12,101,956	9,554,145	21,656,101	0.073214	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,066,481	63,201,563	79,268,044	0.117610	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.02	05602	MISC NURSING OP	0	8,632,720	8,632,720	0.462357	0.000000	56.02
57.00	05700	CT SCAN	27,109,391	84,025,475	111,134,866	0.024985	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,896,781	21,229,536	27,126,317	0.078959	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,821,894	11,937,512	29,759,406	0.101004	0.000000	59.00
60.00	06000	LABORATORY	78,562,318	95,532,756	174,095,074	0.091557	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	38,183,970	5,720,887	43,904,857	0.093420	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	20,456,619	24,179,653	44,636,272	0.186903	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,430,993	2,717,033	11,148,026	0.151761	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,862,566	1,278,740	4,141,306	0.253516	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	23,478,149	36,998,095	60,476,244	0.059017	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,516	9,536,653	9,545,169	0.200440	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,605,486	7,637,245	13,242,731	0.961825	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,940,420	5,543,831	16,484,251	0.608568	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	94,068,887	25,125,523	119,194,410	0.143751	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	113,224	113,224	2.791837	0.000000	90.01
91.00	09100	EMERGENCY	12,153,435	39,795,276	51,948,711	0.315779	0.000000	91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000	91.01
91.02	09102	OP TELEMTRY	0	492,926	492,926	0.458089	0.000000	91.02
91.03	09103	OP PSYCH	0	3,297,126	3,297,126	0.247940	0.000000	91.03
91.04	09104	ICU OTHER	0	58,902	58,902	0.417269	0.000000	91.04
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	4,993,169	4,993,169			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	574,338,531	547,685,992	1,122,024,523			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	574,338,531	547,685,992	1,122,024,523			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
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
56.02	05602 MISC NURSING OP	0.000000		56.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DIABETIC EDUCATION OP	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 PARAMEDICS	0.000000		91.01
91.02	09102 OP TELEMETRY	0.000000		91.02
91.03	09103 OP PSYCH	0.000000		91.03
91.04	09104 ICU OTHER	0.000000		91.04
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/24/2016 4:15 pm	
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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,165,080	0	4,165,080	60,354	69.01	30.00
31.00	INTENSIVE CARE UNIT	714,450		714,450	4,931	144.89	31.00
43.00	NURSERY	142,604		142,604	3,578	39.86	43.00
44.00	SKILLED NURSING FACILITY	968,885		968,885	26,312	36.82	44.00
200.00	Total (lines 30-199)	5,991,019		5,991,019	95,175		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	28,207	1,946,565				
31.00	INTENSIVE CARE UNIT	2,162	313,252				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	16,598	611,138				
200.00	Total (lines 30-199)	46,967	2,870,955				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 4:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,206,416	121,648,951	0.026358	14,420,913	380,106	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	380,125	7,386,898	0.051459	20,065	1,033	52.00
53.00	05300 ANESTHESIOLOGY	142,905	21,656,101	0.006599	2,829,142	18,670	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,482,832	79,268,044	0.018707	7,981,417	149,308	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	277,363	8,632,720	0.032129	0	0	56.02
57.00	05700 CT SCAN	345,360	111,134,866	0.003108	15,182,063	47,186	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	689,789	27,126,317	0.025429	2,469,865	62,806	58.00
59.00	05900 CARDIAC CATHETERIZATION	320,458	29,759,406	0.010768	5,443,042	58,611	59.00
60.00	06000 LABORATORY	905,390	174,095,074	0.005201	35,667,617	185,507	60.00
65.00	06500 RESPIRATORY THERAPY	221,515	43,904,857	0.005045	18,526,065	93,464	65.00
66.00	06600 PHYSICAL THERAPY	493,997	44,636,272	0.011067	3,185,454	35,253	66.00
67.00	06700 OCCUPATIONAL THERAPY	79,482	11,148,026	0.007130	682,938	4,869	67.00
68.00	06800 SPEECH PATHOLOGY	60,425	4,141,306	0.014591	608,081	8,873	68.00
69.00	06900 ELECTROCARDIOLOGY	392,306	60,476,244	0.006487	11,465,437	74,376	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	213,645	9,545,169	0.022383	8,516	191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	393,895	13,242,731	0.029744	2,293,870	68,229	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	51,987	16,484,251	0.003154	5,425,425	17,112	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	847,085	119,194,410	0.007107	38,499,575	273,616	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	27,340	113,224	0.241468	0	0	90.01
91.00	09100 EMERGENCY	1,278,724	51,948,711	0.024615	5,731,017	141,069	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0	0	91.01
91.02	09102 OP TELEMETRY	15,741	492,926	0.031934	0	0	91.02
91.03	09103 OP PSYCH	85,318	3,297,126	0.025876	0	0	91.03
91.04	09104 ICU OTHER	1,692	58,902	0.028726	0	0	91.04
200.00	Total (lines 50-199)	11,913,790	959,392,532		170,440,502	1,620,279	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/24/2016 4:15 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,354	0.00	28,207	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,931	0.00	2,162	0		31.00
43.00	04300	NURSERY	3,578	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	26,312	0.00	16,598	0		44.00
200.00		Total (lines 30-199)	95,175		46,967	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:15 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
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
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	91.04
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140185

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		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	121,648,951	0.000000	0.000000	14,420,913	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,386,898	0.000000	0.000000	20,065	52.00
53.00	05300	ANESTHESIOLOGY	0	21,656,101	0.000000	0.000000	2,829,142	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	79,268,044	0.000000	0.000000	7,981,417	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602	MISC NURSING OP	0	8,632,720	0.000000	0.000000	0	56.02
57.00	05700	CT SCAN	0	111,134,866	0.000000	0.000000	15,182,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,126,317	0.000000	0.000000	2,469,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	29,759,406	0.000000	0.000000	5,443,042	59.00
60.00	06000	LABORATORY	0	174,095,074	0.000000	0.000000	35,667,617	60.00
65.00	06500	RESPIRATORY THERAPY	0	43,904,857	0.000000	0.000000	18,526,065	65.00
66.00	06600	PHYSICAL THERAPY	0	44,636,272	0.000000	0.000000	3,185,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,148,026	0.000000	0.000000	682,938	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,141,306	0.000000	0.000000	608,081	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,476,244	0.000000	0.000000	11,465,437	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,545,169	0.000000	0.000000	8,516	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,242,731	0.000000	0.000000	2,293,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	16,484,251	0.000000	0.000000	5,425,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	119,194,410	0.000000	0.000000	38,499,575	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	113,224	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	51,948,711	0.000000	0.000000	5,731,017	91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102	OP TELEMETRY	0	492,926	0.000000	0.000000	0	91.02
91.03	09103	OP PSYCH	0	3,297,126	0.000000	0.000000	0	91.03
91.04	09104	ICU OTHER	0	58,902	0.000000	0.000000	0	91.04
200.00		Total (lines 50-199)	0	959,392,532			170,440,502	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:15 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	23,425,595	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,847,631	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,479,548	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	2,057,619	0	56.02
57.00	05700 CT SCAN	0	20,744,413	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,569,049	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,777,905	0	59.00
60.00	06000 LABORATORY	0	11,537,624	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,555,766	0	65.00
66.00	06600 PHYSICAL THERAPY	0	465,880	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	185	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	12,772,361	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,282,202	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,578,805	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,426,531	0	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
91.00	09100 EMERGENCY	0	5,400,345	0	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	0	3,160,526	0	91.03
91.04	09104 ICU OTHER	0	25,089	0	91.04
200.00	Total (lines 50-199)	0	118,107,074	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.209338	23,425,595	0	0	4,903,867 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.621658	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.073214	1,847,631	0	0	135,272 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117610	15,479,548	38,076	0	1,820,550 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0 56.00
56.02	05602 MISC NURSING OP	0.462357	2,057,619	0	0	951,355 56.02
57.00	05700 CT SCAN	0.024985	20,744,413	0	0	518,299 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959	5,569,049	0	0	439,727 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101004	1,777,905	0	0	179,576 59.00
60.00	06000 LABORATORY	0.091557	11,537,624	141	0	1,056,350 60.00
65.00	06500 RESPIRATORY THERAPY	0.093420	1,555,766	0	0	145,340 65.00
66.00	06600 PHYSICAL THERAPY	0.186903	465,880	0	0	87,074 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151761	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.253516	185	0	0	47 68.00
69.00	06900 ELECTROCARDIOLOGY	0.059017	12,772,361	0	0	753,786 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200440	2,282,202	0	0	457,445 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.608568	2,578,805	0	0	1,569,378 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143751	7,426,531	0	65,978	1,067,571 73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	2.791837	0	0	0	0 90.01
91.00	09100 EMERGENCY	0.315779	5,400,345	0	0	1,705,316 91.00
91.01	09101 PARAMEDICS	0.000000	0	0	0	0 91.01
91.02	09102 OP TELEMTRY	0.458089	0	0	0	0 91.02
91.03	09103 OP PSYCH	0.247940	3,160,526	0	0	783,621 91.03
91.04	09104 ICU OTHER	0.417269	25,089	0	0	10,469 91.04
200.00	Subtotal (see instructions)		118,107,074	38,217	65,978	16,585,043 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		118,107,074	38,217	65,978	16,585,043 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:15 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,478	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISCS NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	13	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,484		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
200.00 Subtotal (see instructions)	4,491	9,484		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	4,491	9,484		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:15 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	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
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
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: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:15 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	121,648,951	0.000000	0.000000	800	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,386,898	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	21,656,101	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	79,268,044	0.000000	0.000000	211,581	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MIS NURSING OP	0	8,632,720	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	111,134,866	0.000000	0.000000	33,595	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,126,317	0.000000	0.000000	31,948	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	29,759,406	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	174,095,074	0.000000	0.000000	2,018,785	60.00
65.00	06500 RESPIRATORY THERAPY	0	43,904,857	0.000000	0.000000	1,368,256	65.00
66.00	06600 PHYSICAL THERAPY	0	44,636,272	0.000000	0.000000	9,580,206	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,148,026	0.000000	0.000000	4,764,641	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,141,306	0.000000	0.000000	1,207,531	68.00
69.00	06900 ELECTROCARDIOLOGY	0	60,476,244	0.000000	0.000000	67,169	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,545,169	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,242,731	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,484,251	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	119,194,410	0.000000	0.000000	5,710,396	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	113,224	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	51,948,711	0.000000	0.000000	0	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102 OP TELEMETRY	0	492,926	0.000000	0.000000	0	91.02
91.03	09103 OP PSYCH	0	3,297,126	0.000000	0.000000	0	91.03
91.04	09104 ICU OTHER	0	58,902	0.000000	0.000000	0	91.04
200.00	Total (lines 50-199)	0	959,392,532			24,994,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 4:15 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	91.04
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:15 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.209338	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.621658	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.073214	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.117610	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.462357	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0.024985	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.101004	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.091557	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.093420	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.186903	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.151761	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.253516	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.059017	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.200440	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.608568	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.143751	0	0	0	1,910	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	2.791837	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.315779	0	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0.000000	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0.458089	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0.247940	0	0	0	0	0	91.03
91.04 09104 ICU OTHER	0.417269	0	0	0	0	0	91.04
200.00 Subtotal (see instructions)		0	0	0	1,910	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges					0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	1,910	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 4:15 pm
	Component CCN: 145102	To 12/31/2015	
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	275	73.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PARAMEDICS	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	91.02
91.03 09103 OP PSYCH	0	0	91.03
91.04 09104 ICU OTHER	0	0	91.04
200.00 Subtotal (see instructions)	0	275	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	275	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 4:15 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,354	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,354	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.		1,730	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		58,624	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)		28,207	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)		826	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,223,690	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)		56,223,690	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		121,140,462	28.00
29.00	Private room charges (excluding swing-bed charges)		3,366,580	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		117,773,882	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.464120	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,946.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,008.97	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)		56,223,690	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		931.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,276,795	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)		26,276,795	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2016 4:15 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,895,836	4,931	2,006.86	2,162	4,338,831		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)					24,692,925		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,308,551		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)					2,259,817		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,620,279		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,880,096		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,428,455		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 4:15 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,165,080	56,223,690	0.074081	0	0	90.00
91.00	Nursing School cost	0	56,223,690	0.000000	0	0	91.00
92.00	Allied health cost	0	56,223,690	0.000000	0	0	92.00
93.00	All other Medical Education	0	56,223,690	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 145102		Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,312	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,312	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.		1,469	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		24,843	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)		16,598	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,879,932	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)		9,879,932	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,072,081	28.00
29.00	Private room charges (excluding swing-bed charges)		365,962	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,706,119	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.397033	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		249.12	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		269.94	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)		9,879,932	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 145102				Date/Time Prepared: 5/24/2016 4:15 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	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)						9,879,932 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						375.49 71.00
72.00	Program routine service cost (line 9 x line 71)						6,232,383 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)						6,232,383 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)						6,232,383 83.00
84.00	Program inpatient ancillary services (see instructions)						3,985,692 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)						10,218,075 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: 140185 Component CCN: 145102		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 4:15 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 4:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		56,782,684		30.00
31.00	03100 INTENSIVE CARE UNIT		10,887,632		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209338	14,420,913	3,018,845	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.621658	20,065	12,474	52.00
53.00	05300 ANESTHESIOLOGY	0.073214	2,829,142	207,133	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.118294	7,981,417	944,154	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MI SC NURSING OP	0.462357	0	0	56.02
57.00	05700 CT SCAN	0.024985	15,182,063	379,324	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959	2,469,865	195,018	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101351	5,443,042	551,658	59.00
60.00	06000 LABORATORY	0.091578	35,667,617	3,266,369	60.00
65.00	06500 RESPIRATORY THERAPY	0.093448	18,526,065	1,731,224	65.00
66.00	06600 PHYSICAL THERAPY	0.186903	3,185,454	595,371	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151761	682,938	103,643	67.00
68.00	06800 SPEECH PATHOLOGY	0.253516	608,081	154,158	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059017	11,465,437	676,656	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200736	8,516	1,709	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825	2,293,870	2,206,302	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.608568	5,425,425	3,301,740	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143751	38,499,575	5,534,352	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	2.791837	0	0	90.01
91.00	09100 EMERGENCY	0.316313	5,731,017	1,812,795	91.00
91.01	09101 PARAMEDICS	0.000000	0	0	91.01
91.02	09102 OP TELEMETRY	0.458089	0	0	91.02
91.03	09103 OP PSYCH	0.247940	0	0	91.03
91.04	09104 ICU OTHER	0.417269	0	0	91.04
200.00	Total (sum of lines 50-94 and 96-98)		170,440,502	24,692,925	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)		170,440,502		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		4,479,778	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.209338	800	167 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.621658	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.073214	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117610	211,581	24,884 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602 MISC NURSING OP	0.462357	0	0 56.02
57.00	05700 CT SCAN	0.024985	33,595	839 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959	31,948	2,523 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101004	0	0 59.00
60.00	06000 LABORATORY	0.091557	2,018,785	184,834 60.00
65.00	06500 RESPIRATORY THERAPY	0.093420	1,368,256	127,822 65.00
66.00	06600 PHYSICAL THERAPY	0.186903	9,580,206	1,790,569 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151761	4,764,641	723,087 67.00
68.00	06800 SPEECH PATHOLOGY	0.253516	1,207,531	306,128 68.00
69.00	06900 ELECTROCARDIOLOGY	0.059017	67,169	3,964 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200440	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.608568	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143751	5,710,396	820,875 73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 DIABETIC EDUCATION OP	2.791837	0	0 90.01
91.00	09100 EMERGENCY	0.315779	0	0 91.00
91.01	09101 PARAMEDICS	0.000000	0	0 91.01
91.02	09102 OP TELEMETRY	0.458089	0	0 91.02
91.03	09103 OP PSYCH	0.247940	0	0 91.03
91.04	09104 ICU OTHER	0.417269	0	0 91.04
200.00	Total (sum of lines 50-94 and 96-98)		24,994,908	3,985,692 200.00
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)		24,994,908	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 4:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,400,580		30.00
31.00	03100 INTENSIVE CARE UNIT		1,169,666		31.00
43.00	04300 NURSERY		1,186,422		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.209338	881,690	184,571	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.621658	725,003	450,704	52.00
53.00	05300 ANESTHESIOLOGY	0.073214	878,387	64,310	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.117610	450,934	53,034	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MI SC NURSING OP	0.462357	0	0	56.02
57.00	05700 CT SCAN	0.024985	1,024,706	25,602	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.078959	143,889	11,361	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101004	349,489	35,300	59.00
60.00	06000 LABORATORY	0.091557	2,453,838	224,666	60.00
65.00	06500 RESPIRATORY THERAPY	0.093420	1,184,064	110,615	65.00
66.00	06600 PHYSICAL THERAPY	0.186903	79,988	14,950	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.151761	15,691	2,381	67.00
68.00	06800 SPEECH PATHOLOGY	0.253516	26,569	6,736	68.00
69.00	06900 ELECTROCARDIOLOGY	0.059017	486,164	28,692	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200440	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.961825	94,100	90,508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.608568	93,759	57,059	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143751	3,356,242	482,463	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	2.791837	0	0	90.01
91.00	09100 EMERGENCY	0.315779	325,698	102,849	91.00
91.01	09101 PARAMEDICS	0.000000	0	0	91.01
91.02	09102 OP TELEMETRY	0.458089	0	0	91.02
91.03	09103 OP PSYCH	0.247940	0	0	91.03
91.04	09104 ICU OTHER	0.417269	0	0	91.04
200.00	Total (sum of lines 50-94 and 96-98)		12,570,211	1,945,801	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)		12,570,211		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		36,820,940	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,125,633	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)		586,977	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)		316.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		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
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.20	31.00
32.00	Sum of lines 30 and 31		21.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.01	33.00
34.00	Disproportionate share adjustment (see instructions)		857,789	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 4:15 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000377693	0.000406983	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,888,465	2,607,194	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,160,413	655,360	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,815,773		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		53,207,112		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)		53,207,112		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,104,022		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)		57,311,134		59.00
60.00	Primary payer payments		48,618		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		57,262,516		61.00
62.00	Deductibles billed to program beneficiaries		5,381,643		62.00
63.00	Coinurance billed to program beneficiaries		217,317		63.00
64.00	Allowable bad debts (see instructions)		811,147		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		527,246		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		752,508		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,190,802		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 FROM PSR		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)		195,574		70.93
70.94	HRR adjustment amount (see instructions)		-203,237		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140185

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

Worksheet E
Part A
Date/Time Prepared:
5/24/2016 4:15 pm

		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	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)		52,183,139		71.00
71.01	Sequestration adjustment (see instructions)		1,043,663		71.01
72.00	Interim payments		51,530,910		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)		-391,434		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		222,228		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,975	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,585,043	2.00
3.00	PPS payments		19,797,521	3.00
4.00	Outlier payment (see instructions)		3,127	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)		13,975	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		104,195	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)		104,195	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		104,195	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		90,220	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)		13,975	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)		19,800,648	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		6,895	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,229,250	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)		15,578,478	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)		15,578,478	30.00
31.00	Primary payer payments		11,890	31.00
32.00	Subtotal (line 30 minus line 31)		15,566,588	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		384,553	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		249,959	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		351,317	36.00
37.00	Subtotal (see instructions)		15,816,547	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,816,547	40.00
40.01	Sequestration adjustment (see instructions)		316,331	40.01
41.00	Interim payments		15,652,084	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-151,868	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		55,737	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 4:15 pm
		Component CCN: 145102	Title XVIII	Skilled Nursing Facility PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		275	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		275	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,910	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)		1,910	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,910	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,635	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)		275	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		275	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)		275	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		275	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		275	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		275	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
41.00	Interim payments		374	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-105	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		18,805	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		51,395,718		15,877,656	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	08/07/2015	135,192		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	08/07/2015	225,572	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)		135,192		-225,572	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)		51,530,910		15,652,084	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		391,434		151,868	6.02	
7.00	Total Medicare program liability (see instructions)		51,139,476		15,500,216	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: 140185
Component CCN: 145102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,170,236		374	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)		0		0	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)		6,170,236		374	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		40,327		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		105	6.02
7.00	Total Medicare program liability (see instructions)		6,210,563		269	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: 140185

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	15,161	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	30,369	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	10,449	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	65,285	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,122,024,523	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,158,986	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)	755,418	8.00
9.00	Sequestration adjustment amount (see instructions)	15,108	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	740,310	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	728,719	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)	11,591	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VI Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		7,299,907	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)		7,299,907	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		1,003,748	7.00
8.00	Allowable bad debts (see instructions)		63,307	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		42,532	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		41,150	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)		6,337,309	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)		6,337,309	15.00
15.01	Sequestration adjustment (see instructions)		126,746	15.01
16.00	Interim payments		6,170,236	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)		40,327	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: 140185

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

Worksheet G

Date/Time Prepared:
5/24/2016 4:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	24,208,511	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	67,855,900	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,946,150	0	0	0	6.00
7.00	Inventory	3,019,564	0	0	0	7.00
8.00	Prepaid expenses	2,602,423	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)	90,740,248	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,486,451	0	0	0	12.00
13.00	Land improvements	4,230,705	0	0	0	13.00
14.00	Accumulated depreciation	-3,284,676	0	0	0	14.00
15.00	Buildings	31,296,546	0	0	0	15.00
16.00	Accumulated depreciation	-24,560,501	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	56,808,291	0	0	0	19.00
20.00	Accumulated depreciation	-28,482,693	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	129,816,862	0	0	0	23.00
24.00	Accumulated depreciation	-105,907,862	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	61,403,123	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	35,943,216	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	17,314,477	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,257,693	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	205,401,064	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,146,316	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,569,211	0	0	0	38.00
39.00	Payroll taxes payable	138,757	0	0	0	39.00
40.00	Notes and loans payable (short term)	924,808	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,779,092	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	14,960,033	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	34,584,739	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	49,544,772	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	82,323,864	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	123,077,200				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)	123,077,200	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	205,401,064	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 4:15 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		128,466,012			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		35,928,825				2.00
3.00	Total (sum of line 1 and line 2)		164,394,837			0	3.00
4.00	TRANSFER FROM AFFILIATE	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		164,394,837			0	11.00
12.00	TRANSFER TO AFFILIATE	41,317,637		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		41,317,637			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		123,077,200			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	TRANSFER FROM AFFILIATE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	TRANSFER TO AFFILIATE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140185

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 4:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	121,140,462		121,140,462	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,072,081		7,072,081	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)	128,212,543		128,212,543	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	23,489,176		23,489,176	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)	23,489,176		23,489,176	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	151,701,719		151,701,719	17.00
18.00	Ancillary services	410,483,377	502,897,547	913,380,924	18.00
19.00	Outpatient services	12,153,435	39,795,276	51,948,711	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		4,993,169	4,993,169	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	574,338,531	547,685,992	1,122,024,523	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		247,909,265		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)		247,909,265		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140185

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 4:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,122,024,523	1.00
2.00	Less contractual allowances and discounts on patients' accounts	840,183,346	2.00
3.00	Net patient revenues (line 1 minus line 2)	281,841,177	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	247,909,265	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,931,912	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	81,967	6.00
7.00	Income from investments	-661,514	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	576,017	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	639,633	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	17,339	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	942,948	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	400,523	24.00
25.00	Total other income (sum of lines 6-24)	1,996,913	25.00
26.00	Total (line 5 plus line 25)	35,928,825	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)	35,928,825	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2015

Worksheet H

HHA CCN: 147443

To 12/31/2015

Date/Time Prepared: 5/24/2016 4:15 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	314,246	0	57	776	9,980	325,059
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	973,068	0	53,960	800	0	1,027,828
7.00	Physical Therapy	386,799	0	36,370	47,198	0	470,367
8.00	Occupational Therapy	34,421	0	1,701	1,012	0	37,134
9.00	Speech Pathology	0	0	0	6,218	0	6,218
10.00	Medical Social Services	2,114	0	177	0	0	2,291
11.00	Home Health Aide	4,249	0	0	0	0	4,249
12.00	Supplies (see instructions)	0	0	0	0	23,344	23,344
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,714,897	0	92,265	56,004	33,324	1,896,490
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	325,059	0	325,059		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,027,828	0	1,027,828		6.00
7.00	Physical Therapy	0	470,367	0	470,367		7.00
8.00	Occupational Therapy	0	37,134	0	37,134		8.00
9.00	Speech Pathology	0	6,218	0	6,218		9.00
10.00	Medical Social Services	0	2,291	0	2,291		10.00
11.00	Home Health Aide	0	4,249	0	4,249		11.00
12.00	Supplies (see instructions)	0	23,344	0	23,344		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	1,896,490	0	1,896,490		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/24/2016 4:15 pm I:\SANDY_VAL\HFSWIN\HFSWIN15\Hosp2015.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140185	Period: From 01/01/2015	Worksheet H-1
		HHA CCN: 147443	To 12/31/2015	Part I
				Date/Time Prepared: 5/24/2016 4:15 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	325,059	0	0	0	325,059	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,027,828	0	0	0	1,027,828	6.00
7.00	Physical Therapy	470,367	0	0	0	470,367	7.00
8.00	Occupational Therapy	37,134	0	0	0	37,134	8.00
9.00	Speech Pathology	6,218	0	0	0	6,218	9.00
10.00	Medical Social Services	2,291	0	0	0	2,291	10.00
11.00	Home Health Aide	4,249	0	0	0	4,249	11.00
12.00	Supplies (see instructions)	23,344	0	0	0	23,344	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,896,490	0	0	0	1,896,490	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	325,059					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	212,612	1,240,440				6.00
7.00	Physical Therapy	97,298	567,665				7.00
8.00	Occupational Therapy	7,681	44,815				8.00
9.00	Speech Pathology	1,286	7,504				9.00
10.00	Medical Social Services	474	2,765				10.00
11.00	Home Health Aide	879	5,128				11.00
12.00	Supplies (see instructions)	4,829	28,173				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		1,896,490				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-1
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Home Health
Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-325,059	1,571,431
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,027,828
7.00	Physical Therapy	0	0	0	0	0	470,367
8.00	Occupational Therapy	0	0	0	0	0	37,134
9.00	Speech Pathology	0	0	0	0	0	6,218
10.00	Medical Social Services	0	0	0	0	0	2,291
11.00	Home Health Aide	0	0	0	0	0	4,249
12.00	Supplies (see instructions)	0	0	0	0	0	23,344
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-325,059	1,571,431
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		325,059
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.206855

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0			4.00	5.01		
1.00 Administrative and General	0	30,146	0	1,891	103,163	7,727	1.00
2.00 Skilled Nursing Care	1,240,440	0	0	0	319,444	0	2.00
3.00 Physical Therapy	567,665	0	0	0	126,981	0	3.00
4.00 Occupational Therapy	44,815	0	0	0	11,300	0	4.00
5.00 Speech Pathology	7,504	0	0	0	0	0	5.00
6.00 Medical Social Services	2,765	0	0	0	694	0	6.00
7.00 Home Health Aide	5,128	0	0	0	1,395	0	7.00
8.00 Supplies (see instructions)	28,173	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,896,490	30,146	0	1,891	562,977	7,727	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	213,157	1,203	0	21,246	378,533	46,351	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,559,884	191,008	2.00
3.00 Physical Therapy	0	0	0	0	694,646	85,059	3.00
4.00 Occupational Therapy	0	0	0	0	56,115	6,871	4.00
5.00 Speech Pathology	0	0	0	0	7,504	919	5.00
6.00 Medical Social Services	0	0	0	0	3,459	424	6.00
7.00 Home Health Aide	0	0	0	0	6,523	799	7.00
8.00 Supplies (see instructions)	0	0	0	0	28,173	3,450	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	213,157	1,203	0	21,246	2,734,837	334,881	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 147443

To 12/31/2015

Part I
Date/Time Prepared: 5/24/2016 4:15 pm

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.00	7.01	8.00	9.00	9.01	10.00	
1.00	Administrative and General	71,984	0	0	6,682	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	71,984	0	0	6,682	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	24,714	0	1,558	0	25,914	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	24,714	0	1,558	0	25,914	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/24/2016 4:15 pm

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdwn Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	555,736	0	555,736				1.00
2.00 Skilled Nursing Care	1,750,892	0	1,750,892	367,899	2,118,791		2.00
3.00 Physical Therapy	779,705	0	779,705	163,832	943,537		3.00
4.00 Occupational Therapy	62,986	0	62,986	13,235	76,221		4.00
5.00 Speech Pathology	8,423	0	8,423	1,770	10,193		5.00
6.00 Medical Social Services	3,883	0	3,883	816	4,699		6.00
7.00 Home Health Aide	7,322	0	7,322	1,539	8,861		7.00
8.00 Supplies (see instructions)	31,623	0	31,623	6,645	38,268		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,200,570	0	3,200,570	555,736	3,200,570		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.210121			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/24/2016 4:15 pm PPS
			Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	1,880	314,246	20	154	1.00
2.00 Skilled Nursing Care	0	0	0	973,068	0	0	2.00
3.00 Physical Therapy	0	0	0	386,799	0	0	3.00
4.00 Occupational Therapy	0	0	0	34,421	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	2,114	0	0	6.00
7.00 Home Health Aide	0	0	0	4,249	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,760	0	1,880	1,714,897	20	154	20.00
21.00 Total cost to be allocated	30,146	0	1,891	562,977	7,727	213,157	21.00
22.00 Unit cost multiplier	17.128409	0.000000	1.005851	0.328286	386.350000	1,384.136364	22.00
Cost Center Description	PURCHASING RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5.05	5A.06	5.06	7.00	
1.00 Administrative and General	11,507	0	4,993,169	0	378,533	1,760	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,559,884	0	2.00
3.00 Physical Therapy	0	0	0	0	694,646	0	3.00
4.00 Occupational Therapy	0	0	0	0	56,115	0	4.00
5.00 Speech Pathology	0	0	0	0	7,504	0	5.00
6.00 Medical Social Services	0	0	0	0	3,459	0	6.00
7.00 Home Health Aide	0	0	0	0	6,523	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	28,173	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	11,507	0	4,993,169	0	2,734,837	1,760	20.00
21.00 Total cost to be allocated	1,203	0	21,246	0	334,881	71,984	21.00
22.00 Unit cost multiplier	0.104545	0.000000	0.004255	0	0.122450	40.900000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2016 4:15 pm

Home Health Agency I PPS

Cost Center Description		OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	
		7.01	8.00	9.00	9.01	10.00	11.00	
1.00	Administrative and General	0	0	203	0	0	2,400	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	203	0	0	2,400	20.00
21.00	Total cost to be allocated	0	0	6,682	0	0	24,714	21.00
22.00	Unit cost multiplier	0.000000	0.000000	32.916256	0.000000	0.000000	10.297500	22.00
Cost Center Description		NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
		13.00	14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	887	0	62	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	887	0	62	0		20.00
21.00	Total cost to be allocated	0	1,558	0	25,914	0		21.00
22.00	Unit cost multiplier	0.000000	1.756483	0.000000	417.967742	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/24/2016 4:15 pm
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		Title XVIII	Home Health Agency I	PPS
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Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,118,791		2,118,791	7,945	266.68	1.00
2.00	Physical Therapy	3.00	943,537	0	943,537	6,128	153.97	2.00
3.00	Occupational Therapy	4.00	76,221	0	76,221	489	155.87	3.00
4.00	Speech Pathology	5.00	10,193	0	10,193	60	169.88	4.00
5.00	Medical Social Services	6.00	4,699		4,699	16	293.69	5.00
6.00	Home Health Aide	7.00	8,861		8,861	44	201.39	6.00
7.00	Total (sum of lines 1-6)		3,162,302	0	3,162,302	14,682		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	2,429		8.00
9.00	Physical Therapy		41180	0	1,832		9.00
10.00	Occupational Therapy		41180	0	185		10.00
11.00	Speech Pathology		41180	0	10		11.00
12.00	Medical Social Services		41180	0	9		12.00
13.00	Home Health Aide		41180	0	10		13.00
14.00	Total (sum of lines 8-13)			0	4,475		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	38,268	0	38,268	44,013	0.869470	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	2,429		0	647,766	1.00
2.00	Physical Therapy	0	1,832		0	282,073	2.00
3.00	Occupational Therapy	0	185		0	28,836	3.00
4.00	Speech Pathology	0	10		0	1,699	4.00
5.00	Medical Social Services	0	9		0	2,643	5.00
6.00	Home Health Aide	0	10		0	2,014	6.00
7.00	Total (sum of lines 1-6)	0	4,475		0	965,031	7.00

Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/24/2016 4:15 pm
				Title XVII I	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0	0	0
16.00	Cost of Drugs		0	0	0	0
Cost Center Description						
		Total Program Cost (sum of col s. 9-10)				
		12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	647,766				
2.00	Physical Therapy	282,073				
3.00	Occupational Therapy	28,836				
4.00	Speech Pathology	1,699				
5.00	Medical Social Services	2,643				
6.00	Home Health Aide	2,014				
7.00	Total (sum of lines 1-6)	965,031				
Cost Center Description						
		12.00				
Limitation Cost Computation						
8.00	Skilled Nursing Care					
9.00	Physical Therapy					
10.00	Occupational Therapy					
11.00	Speech Pathology					
12.00	Medical Social Services					
13.00	Home Health Aide					
14.00	Total (sum of lines 8-13)					

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-3
Part II
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.186903	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.151761	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.253516	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.961825	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.143751	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	988,261
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,912
13.00	Total PPS Reimbursement - LUPA Episodes		0	38,549
14.00	Total PPS Reimbursement - PEP Episodes		0	17,784
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,049,506
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,049,506
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,049,506
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,049,506
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,049,506
31.01	Sequestration adjustment (see instructions)		0	20,990
32.00	Interim payments (see instructions)		0	1,028,516
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-5
Date/Time Prepared:
5/24/2016 4:15 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,028,516	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,028,516	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,028,516	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140185	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 4:15 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,891,381	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		38,696	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)		180.24	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)		6.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.20	8.00
9.00	Sum of lines 7 and 8		21.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.47	10.00
11.00	Disproportionate share adjustment (see instructions)		173,945	11.00
12.00	Total prospective capital payments (see instructions)		4,104,022	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00