

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: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/29/2016 3:03 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2016 Time: 3:03 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER ( 140186 ) 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)

\_\_\_\_\_  
 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	1,173,580	221,449	-23,518	0	1.00
2.00 Subprovider - IPF	0	7	7		0	2.00
3.00 Subprovider - IRF	0	3,012	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		430		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,176,599	221,886	-23,518	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: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 10:04 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 350 NORTH WALL STREET		PO Box:		Zip Code: 60901		County: USA					
2.00 City: KANKAKEE		State: IL									
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		RI VERSI DE MEDI CAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		RI VERSI DE MEDI CAL CENTER - PSY	14S186	28100	4	01/01/2015	N	P	O	4.00
5.00	Subprovider - IRF		RI VERSI DE MEDI CAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		RI VERSI DE MEDI CAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC		PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					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.							1		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.			9,764	5,220	0	0	1,894	0	24.00	

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		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		
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.	219	197	0	0	66		25.00	
		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		XVI		XI			
		1.00		2.00		3.00			
		Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					N			60.00
		Y/N		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			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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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/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
	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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
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				
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.							
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		

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	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	
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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000			66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000			67.00
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N		0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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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	
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		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
Physical Occupational Speech Respiratory							
		1.00 2.00		3.00 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
1.00							
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
1.00 2.00 3.00							
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.	0				118.00	
Premiums Losses Insurance							
		1.00 2.00		3.00			
118.01	List amounts of malpractice premiums and paid losses:	0 0		0		0 118.01	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 10:04 am	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02	
119.00	DO NOT USE THIS LINE			119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00	
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00	
<b>All Providers</b>					
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:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00	
		1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
			1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/28/2016 10:04 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00
						Beginning	Ending	
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2015	12/31/2015	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/28/2016 10:04 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/26/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/28/2016 10:04 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	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.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHI LTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSIDE MEDI CAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-935-7256 X3492		RI CHARD-SCHI LTZ@RI VERSI DEHEA LTHCARE.	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/26/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	260	94,900	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)		260	94,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	13	4,745	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		291	106,215	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		335				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: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,207	12,912	42,283			1.00
2.00 HMO and other (see instructions)	2,991	1,894				2.00
3.00 HMO IPF Subprovider	150	0				3.00
4.00 HMO IRF Subprovider	0	66				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,207	12,912	42,283			7.00
8.00 INTENSIVE CARE UNIT	2,750	692	4,529			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,380	2,647			13.00
14.00 Total (see instructions)	16,957	14,984	49,459	18.42	1,746.72	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,520	39	2,101	0.00	23.21	16.00
17.00 SUBPROVIDER - IRF	6,405	416	8,323	0.00	39.29	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	14,819	1,003	21,666	0.00	38.90	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	397	0	4,075	0.00	3.59	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				18.42	1,851.71	27.00
28.00 Observation Bed Days		54	1,039			28.00
29.00 Ambulance Trips	2,149					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,811	2,719	9,342	1.00
2.00 HMO and other (see instructions)			606	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	3,811	2,719	9,342	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	160	6	236	16.00
17.00 SUBPROVIDER - IRF	0.00	0	546	38	710	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/28/2016 10:04 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	117,637,732	3,127,279	120,765,011	3,789,120.00	31.87
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		5,682,893	0	5,682,893	23,433.00	242.52
6.00	Non-physician-Part B		90,139	0	90,139	5,429.00	16.60
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)		1,104,474	0	1,104,474	31,680.00	34.86
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		32,264,875	728,712	32,993,587	717,758.00	45.97
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		3,219,100	0	3,219,100	56,987.00	56.49
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		334,371	0	334,371	1,665.00	200.82
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		23,391,265	0	23,391,265		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,518,242	0	5,518,242		
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		180,153	0	180,153		
24.00	Wage-related costs (RHC/FQHC)		41,739	0	41,739		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	629,984	0	629,984	17,787.00	35.42
27.00	Administrative & General	5.00	14,813,718	3,141,630	17,955,348	635,305.00	28.26
28.00	Administrative & General under contract (see inst.)		651,920	0	651,920	6,582.00	99.05
29.00	Maintenance & Repairs	6.00	1,551,638	43,751	1,595,389	68,245.00	23.38
30.00	Operation of Plant	7.00	483,700	29,768	513,468	30,215.00	16.99
31.00	Laundry & Linen Service	8.00	440,557	7,900	448,457	33,990.00	13.19
32.00	Housekeeping	9.00	1,416,782	26,368	1,443,150	146,535.00	9.85
33.00	Housekeeping under contract (see instructions)		195,798	0	195,798	4,160.00	47.07
34.00	Dietary	10.00	1,334,700	-843,322	491,378	37,389.00	13.14
35.00	Dietary under contract (see instructions)		305,158	0	305,158	7,680.00	39.73
36.00	Cafeteria	11.00	0	862,415	862,415	67,496.00	12.78
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,960,630	-1,765,022	1,195,608	19,740.00	60.57
39.00	Central Services and Supply	14.00	400,708	10,480	411,188	25,069.00	16.40
40.00	Pharmacy	15.00	2,115,209	-2,115,209	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,403,883	37,760	1,441,643	60,837.00	23.70	41.00
42.00	Social Service	17.00	2,019,771	-1,346,981	672,790	18,730.00	35.92	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2016 10:04 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	111,913,102	3,127,279	115,040,381	3,747,000.00	30.70	1.00
2.00	Excluded area salaries (see instructions)	32,264,875	728,712	32,993,587	717,758.00	45.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,648,227	2,398,567	82,046,794	3,029,242.00	27.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,553,471	0	3,553,471	58,652.00	60.59	4.00
5.00	Subtotal wage-related costs (see inst.)	23,391,265	0	23,391,265	0.00	28.51	5.00
6.00	Total (sum of lines 3 thru 5)	106,592,963	2,398,567	108,991,530	3,087,894.00	35.30	6.00
7.00	Total overhead cost (see instructions)	30,724,156	-1,910,462	28,813,694	1,179,760.00	24.42	7.00

HOSPITAL WAGE RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2016 10:04 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			4,072,069 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			13,739,693 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			174,532 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			1,021,665 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			300,913 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			1,237,769 14.00
15.00	'Workers' Compensation Insurance			0 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,171,257 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			176,000 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			869 22.00
23.00	Tuition Reimbursement			236,633 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			29,131,400 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140186

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140186 Component CCN: 147400		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/28/2016 10:05 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			KANKAKEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,314	74	217	1,605	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,116.00	25.00	532.00	1,604.00	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			14.91	0.00	14.91	5.00
6.00	Direct Nursing Service			11.60	0.00	11.60	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			8.91	0.00	8.91	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.76	0.00	1.76	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.92	0.00	0.92	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.77	0.00	0.77	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.			4			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16580			20.00
20.01				16974			20.01
20.02				28100			20.02
20.03				99914			20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,291	286	256	143	7,976	21.00
22.00	Skilled Nursing Visit Charges	1,818,750	71,500	63,000	35,750	1,989,000	22.00
23.00	Physical Therapy Visits	4,901	24	82	88	5,095	23.00
24.00	Physical Therapy Visit Charges	1,345,825	6,600	22,550	24,200	1,399,175	24.00
25.00	Occupational Therapy Visits	910	4	5	18	937	25.00
26.00	Occupational Therapy Visit Charges	250,250	1,100	1,375	4,950	257,675	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	47	2	0	2	51	29.00
30.00	Medical Social Service Visit Charges	12,925	550	0	550	14,025	30.00
31.00	Home Health Aide Visits	740	6	6	8	760	31.00
32.00	Home Health Aide Visit Charges	55,275	450	450	600	56,775	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,889	322	349	259	14,819	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)	3,483,025	80,200	87,375	66,050	3,716,650	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,154		118	29	1,301	36.00
37.00	Total Number of Outlier Episodes		10		0	10	37.00
38.00	Total Non-Routine Medical Supply Charges	373	0	0	0	373	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2015 To 12/31/2015	Worksheet S-8 Date/Time Prepared: 5/28/2016 10:04 am	
			Rural Health Clinic (RHC) I	Cost	
1.00					
Clinic Address and Identification					
1.00	Street	3400 SOUTH MAIN		1.00	
		City	State	ZIP Code	
		1.00	2.00	3.00	
2.00	City, State, ZIP Code, County	HOPKINS PARK IL		6094400000 2.00	
1.00					
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00
				Grant Award	Date
				1.00	2.00
Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			0	4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)			0	5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0	6.00
7.00	Appalachian Regional Commission			0	7.00
8.00	Look-Alikes			0	8.00
9.00	OTHER (SPECIFY)			0	9.00
1.00 2.00					
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N	0 10.00
		Sunday		Monday	
		from	to	from	to
		1.00	2.00	3.00	4.00
		Tuesday		from	
				5.00	
11.00	Facility hours of operations (1) Clinic				11.00
				09:00	17:00
				09:00	
				1.00	2.00
12.00	Have you received an approval for an exception to the productivity standard?			N	12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			N	0 13.00
			Provider name		CCN number
			1.00		2.00
14.00	Provider name, CCN number				14.00
		Y/N	V	XVIII	XIX
		1.00	2.00	3.00	4.00
					Total Visits
					5.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)				15.00
			County		
			4.00		
2.00	City, State, ZIP Code, County				2.00
		KANKAKEE			
		Tuesday		Wednesday	
		to	from	to	from
		6.00	7.00	8.00	9.00
		Thursday		to	
				10.00	
11.00	Facility hours of operations (1) Clinic				11.00
				17:00	09:00
				17:00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2015 To 12/31/2015	Worksheet S-8 Date/Time Prepared: 5/28/2016 10:04 am
		Rural Health Clinic (RHC) I	Cost

	Friday		Saturday		
	from	to	from	to	
	11.00	09:00	17:00		

Facility hours of operations (1)  
Clinic

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10
				Date/Time Prepared: 5/28/2016 10:05 am
				1.00
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.233571	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		30,416,735	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		144,597,454	6.00
7.00	Medicaid cost (line 1 times line 6)		33,773,772	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)		3,357,037	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)		3,357,037	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	818,587	1,581,453	2,400,040
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	191,198	369,382	560,580
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	191,198	369,382	560,580
				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)		8,995,959	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,005,040	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,990,919	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,866,447	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,427,027	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,784,064	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/28/2016 10:04 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
	1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT		8,636,372	8,636,372	844,740	9,481,112
2.00 00200 CAP REL COSTS-MVBLE EQUIP		9,108,868	9,108,868	567,370	9,676,238
3.00 00300 OTHER CAP REL COSTS		0	0	0	0
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	629,984	29,627,352	30,257,336	-2,061,363	28,195,973
5.01 01160 COMMUNICATIONS	0	1,077,656	1,077,656	0	1,077,656
5.02 00550 DATA PROCESSING	1,578,220	7,371,671	8,949,891	38,821	8,988,712
5.03 00591 PURCHASING	643,446	1,477,418	2,120,864	-856,044	1,264,820
5.05 00590 BUSINESS OFFICE	4,358,003	772,019	5,130,022	87,985	5,218,007
5.06 00592 OTHER ADMIN & GENERAL	8,234,049	25,477,336	33,711,385	880,270	34,591,655
6.00 00600 MAINTENANCE & REPAIRS	1,551,638	6,571,846	8,123,484	43,751	8,167,235
7.00 00700 OPERATION OF PLANT	483,700	113,967	597,667	29,768	627,435
8.00 00800 LAUNDRY & LINEN SERVICE	440,557	97,329	537,886	7,900	545,786
9.00 00900 HOUSEKEEPING	1,416,782	876,728	2,293,510	26,368	2,319,878
10.00 01000 DIETARY	1,334,700	2,331,715	3,666,415	-2,350,326	1,316,089
11.00 01100 CAFETERIA	0	0	0	2,369,419	2,369,419
13.00 01300 NURSING ADMINISTRATION	2,960,630	110,963	3,071,593	-1,765,022	1,306,571
14.00 01400 CENTRAL SERVICES & SUPPLY	400,708	436,917	837,625	10,480	848,105
15.00 01500 PHARMACY	2,115,209	2,992,371	5,107,580	-4,120,057	987,523
16.00 01600 MEDICAL RECORDS & LIBRARY	1,403,883	643,058	2,046,941	-300,886	1,746,055
17.00 01700 SOCIAL SERVICE	2,019,771	269,451	2,289,222	-1,346,981	942,241
21.00 02100 I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS A	201,332	1,595,453	1,796,785	872	1,797,657
23.00 02301 PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	14,266,987	1,140,340	15,407,327	227,416	15,634,743
31.00 03100 INTENSIVE CARE UNIT	3,025,741	386,876	3,412,617	76,290	3,488,907
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - I PF	1,191,638	481,214	1,672,852	27,544	1,700,396
41.00 04100 SUBPROVIDER - I RF	2,100,041	1,014,470	3,114,511	32,273	3,146,784
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	980,402	235,880	1,216,282	67,584	1,283,866
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	3,865,148	6,750,708	10,615,856	190,940	10,806,796
51.00 05100 RECOVERY ROOM	1,699,193	138,416	1,837,609	445,490	2,283,099
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,410,252	187,979	1,598,231	73,572	1,671,803
53.00 05300 ANESTHESIOLOGY	71,763	438,522	510,285	362,594	872,879
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,224,225	1,335,592	4,559,817	231,950	4,791,767
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	196,429	359,027	555,456	2,799	558,255
54.02 05404 ULTRASOUND	511,235	134,456	645,691	9,355	655,046
55.00 05500 RADIOLOGY-THERAPEUTIC	1,260,055	8,082,201	9,342,256	-6,071,952	3,270,304
57.00 05700 CT SCAN	642,163	199,014	841,177	9,642	850,819
58.00 05800 MRI	224,980	89,878	314,858	7,044	321,902
59.00 05900 CARDIAC CATHETERIZATION	1,056,834	2,774,814	3,831,648	100,432	3,932,080
60.00 06000 LABORATORY	2,503,220	5,237,696	7,740,916	97,363	7,838,279
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	186,053	614,199	800,252	875,255	1,675,507
65.00 06500 RESPIRATORY THERAPY	1,448,737	342,493	1,791,230	49,805	1,841,035
66.00 06600 PHYSICAL THERAPY	2,688,754	431,913	3,120,667	155,921	3,276,588
69.00 06900 ELECTROCARDIOLOGY	4,191,686	847,845	5,039,531	87,145	5,126,676
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	866,274	866,274
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,456,111	12,456,111	0	12,456,111
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	13,097,073	13,097,073
75.01 03955 RENAL DIALYSIS (IP)	0	579,749	579,749	0	579,749
76.00 03956 CARDIAC REHAB	258,362	10,914	269,276	24,775	294,051
76.01 03950 OP PSY/CDU	952,854	63,690	1,016,544	96,736	1,113,280
76.02 03957 RIMMS	771,142	266,637	1,037,779	6,862	1,044,641
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04 03952 PAIN CLINIC	0	0	0	0	0
76.05 03953 DIABETES	372,887	24,298	397,185	4,191	401,376
76.98 07698 HYPERBARI C OXYGEN THERAPY	470,724	521,048	991,772	12,221	1,003,993
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	209,824	61,065	270,889	10,885	281,774
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100 EMERGENCY	3,618,030	898,355	4,516,385	261,353	4,777,738
92.00 09200 OBSERVATION BEDS (NON-DISTINCT					
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	814,870	21,592	836,462	33,157	869,619
93.00 04951 INFUSION	419,039	3,492,965	3,912,004	-2,998,556	913,448
93.01 04950 COMMUNITY HEALTH CENTERS	4,258,656	871,225	5,129,881	-872,221	4,257,660
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	2,808,662	276,561	3,085,223	148,176	3,233,399

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,047,700	268,393	3,316,093	72,227	3,388,320	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		5,943,871	5,943,871	-983,815	4,960,056	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	94,520,898	156,568,497	251,089,395	-1,055,135	250,034,260	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	3,813	1,236	5,049	0	5,049	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	22,726,592	5,221,883	27,948,475	1,053,444	29,001,919	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	386,429	54,672	441,101	1,691	442,792	193.00
200.00		TOTAL (SUM OF LINES 118-199)	117,637,732	161,846,288	279,484,020	0	279,484,020	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	9,481,112	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	9,676,238	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-195,275	28,000,698	4.00
5.01	01160	COMMUNICATIONS	-1,250	1,076,406	5.01
5.02	00550	DATA PROCESSING	0	8,988,712	5.02
5.03	00591	PURCHASING	0	1,264,820	5.03
5.05	00590	BUSINESS OFFICE	0	5,218,007	5.05
5.06	00592	OTHER ADMIN & GENERAL	-11,488,169	23,103,486	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,167,235	6.00
7.00	00700	OPERATION OF PLANT	0	627,435	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	545,786	8.00
9.00	00900	HOUSEKEEPING	0	2,319,878	9.00
10.00	01000	DIETARY	-21,331	1,294,758	10.00
11.00	01100	CAFETERIA	-1,660,195	709,224	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,306,571	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	848,105	14.00
15.00	01500	PHARMACY	0	987,523	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-10,173	1,735,882	16.00
17.00	01700	SOCIAL SERVICE	0	942,241	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	-78,849	1,718,808	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-245,588	15,389,155	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,239	3,485,668	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	1,700,396	40.00
41.00	04100	SUBPROVIDER - I RF	5,720	3,152,504	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,283,866	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-149,350	10,657,446	50.00
51.00	05100	RECOVERY ROOM	0	2,283,099	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,671,803	52.00
53.00	05300	ANESTHESIOLOGY	-360,480	512,399	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,695	4,781,072	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	558,255	54.01
54.02	05404	ULTRASOUND	0	655,046	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,270,304	55.00
57.00	05700	CT SCAN	0	850,819	57.00
58.00	05800	MRI	0	321,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,932,080	59.00
60.00	06000	LABORATORY	-26,114	7,812,165	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,675,507	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,841,035	65.00
66.00	06600	PHYSICAL THERAPY	0	3,276,588	66.00
69.00	06900	ELECTROCARDIOLOGY	-2,751,654	2,375,022	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-6,317	859,957	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,456,111	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-14,414	13,082,659	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	579,749	75.01
76.00	03956	CARDIAC REHAB	0	294,051	76.00
76.01	03950	OP PSY/CDU	-120,965	992,315	76.01
76.02	03957	RIMMS	-267,162	777,479	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	401,376	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	-4,175	999,818	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	-116,859	164,915	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-94,250	4,683,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	869,619	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	869,619	92.01
93.00	04951	INFUSION	-375	913,073	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	-2,941,703	1,315,957	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	-497,127	2,736,272	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,388,320	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,960,056	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-26,020,045	224,014,215	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	5,049	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	29,001,919	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	442,792	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-26,020,045	253,463,975	200.00

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Provi der CCN: 140186

Peri od:  
From 01/01/2015  
To 12/31/2015

Worksheet A-6

Date/Time Prepared:  
5/28/2016 10:04 am

		Increases			
Cost Center		Li ne #	Sal ary	Other	
2.00		3.00	4.00	5.00	
<b>A - PROFESSIONAL FEES</b>					
1.00	OPERATING ROOM	50.00	0	73,895	1.00
2.00	ANESTHESIOLOGY	53.00	0	360,480	2.00
3.00	LABORATORY	60.00	0	51,600	3.00
4.00	RESPIRATORY THERAPY	65.00	0	12,500	4.00
5.00	OP PSY/CDU	76.01	0	66,267	5.00
6.00	EMERGENCY	91.00	0	94,250	6.00
7.00	INFUSION	93.00	0	375	7.00
8.00	PHYSICIANS PRIVATE OFFICES	192.00	0	127,415	8.00
	0		0	786,782	
<b>B - BONUSES AND VACATION ACCRUAL</b>					
1.00	DATA PROCESSING	5.02	38,821	0	1.00
2.00	PURCHASING	5.03	25,259	0	2.00
3.00	BUSINESS OFFICE	5.05	87,985	0	3.00
4.00	OTHER ADMIN & GENERAL	5.06	1,592,256	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	43,751	0	5.00
6.00	OPERATION OF PLANT	7.00	29,768	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	7,900	0	7.00
8.00	HOUSEKEEPING	9.00	26,368	0	8.00
9.00	DIETARY	10.00	19,093	0	9.00
10.00	NURSING ADMINISTRATION	13.00	158,233	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	4,810	0	11.00
12.00	PHARMACY	15.00	39,290	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	37,760	0	13.00
14.00	SOCIAL SERVICE	17.00	50,328	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	872	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	233,264	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	36,424	0	17.00
18.00	SUBPROVIDER - IPF	40.00	8,211	0	18.00
19.00	SUBPROVIDER - IRF	41.00	27,935	0	19.00
20.00	NURSERY	43.00	16,437	0	20.00
21.00	OPERATING ROOM	50.00	62,350	0	21.00
22.00	RECOVERY ROOM	51.00	33,159	0	22.00
23.00	ANESTHESIOLOGY	53.00	1,098	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	63,891	0	24.00
25.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	2,799	0	25.00
26.00	ULTRASOUND	54.02	9,355	0	26.00
27.00	RADIOLOGY-THERAPEUTIC	55.00	35,810	0	27.00
28.00	CT SCAN	57.00	9,642	0	28.00
29.00	MRI	58.00	7,044	0	29.00
30.00	CARDIAC CATHETERIZATION	59.00	13,206	0	30.00
31.00	LABORATORY	60.00	45,763	0	31.00
32.00	INTRAVENOUS THERAPY	64.00	4,278	0	32.00
33.00	RESPIRATORY THERAPY	65.00	22,060	0	33.00
34.00	PHYSICAL THERAPY	66.00	78,298	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	28,303	0	35.00
36.00	CARDIAC REHAB	76.00	3,451	0	36.00
37.00	OP PSY/CDU	76.01	15,010	0	37.00
38.00	RIMMS	76.02	6,862	0	38.00
39.00	DIABETES	76.05	4,191	0	39.00
40.00	HYPERBARIC OXYGEN THERAPY	76.98	4,812	0	40.00
41.00	RURAL HEALTH CLINIC	88.00	1,698	0	41.00
42.00	EMERGENCY	91.00	49,470	0	42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,022	0	43.00
44.00	INFUSION	93.00	7,901	0	44.00
45.00	COMMUNITY HEALTH CENTERS	93.01	48,729	0	45.00
46.00	AMBULANCE SERVICES	95.00	44,307	0	46.00
47.00	HOME HEALTH AGENCY	101.00	72,227	0	47.00
48.00	PHYSICIANS PRIVATE OFFICES	192.00	182,325	0	48.00
49.00	NONPAID WORKERS	193.00	1,691	0	49.00
	0		3,350,517	0	
<b>C - CAFETERIA</b>					
1.00	CAFETERIA	11.00	862,415	1,507,004	1.00
	0		862,415	1,507,004	
<b>D - NURSING ADMINISTRATION</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	5,670	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	230,607	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	39,866	0	3.00
4.00	SUBPROVIDER - IPF	40.00	19,333	0	4.00
5.00	SUBPROVIDER - IRF	41.00	60,628	0	5.00
6.00	NURSERY	43.00	51,147	0	6.00
7.00	OPERATING ROOM	50.00	54,695	0	7.00

RECLASSI FI CATIONS

Provi der CCN: 140186

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

Worksheet A-6

Date/Time Prepared:  
5/28/2016 10:04 am

		Increases			
	Cost Center	Li ne #	Salary	Other	
	2. 00	3. 00	4. 00	5. 00	
8.00	RECOVERY ROOM	51.00	24,045	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	73,572	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	18,188	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	87,226	0	11.00
12.00	INTRAVENOUS THERAPY	64.00	9,706	0	12.00
13.00	RESPIRATORY THERAPY	65.00	15,245	0	13.00
14.00	PHYSICAL THERAPY	66.00	77,623	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	58,842	0	15.00
16.00	CARDIAC REHAB	76.00	21,324	0	16.00
17.00	OP PSY/CDU	76.01	15,459	0	17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	7,409	0	18.00
19.00	EMERGENCY	91.00	117,633	0	19.00
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	27,135	0	20.00
21.00	AMBULANCE SERVICES	95.00	103,869	0	21.00
22.00	ANESTHESIOLOGY	53.00	1,016	0	22.00
			1,120,238	0	
<b>E - COST OF GOODS SOLD</b>					
1.00	INTRAVENOUS THERAPY	64.00	0	210,085	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	866,274	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,809,792	3.00
			0	2,886,151	
<b>F - UTILIZATION REVIEW</b>					
1.00	OTHER ADMIN & GENERAL	5.06	1,397,309	0	1.00
			1,397,309	0	
<b>G - RECOVERY ROOM</b>					
1.00	RECOVERY ROOM	51.00	388,286	0	1.00
			388,286	0	
<b>H - IV THERAPY</b>					
1.00	INTRAVENOUS THERAPY	64.00	651,186	0	1.00
			651,186	0	
<b>I - INSURANCE</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,289,154	1.00
			0	1,289,154	
<b>J - INTEREST</b>					
1.00	OTHER ADMIN & GENERAL	5.06	0	983,815	1.00
			0	983,815	
<b>K - RADIOLOGY</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	168,059	0	1.00
			168,059	0	
<b>L - ESTABLISH OTHER CRC</b>					
1.00	OTHER CAP REL COSTS	3.00	0	1,412,110	1.00
			0	1,412,110	
<b>M - NEW LIFE GRANT</b>					
1.00	NONPAID WORKERS	193.00	0	223,238	1.00
			0	223,238	
<b>N - RX SALARIES</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	2,154,499	0	1.00
			2,154,499	0	
<b>O - FLOAT NURSING</b>					
1.00	ADULTS & PEDIATRICS	30.00	803,017	0	1.00
			803,017	0	
<b>P - CHC DIRECTORS</b>					
1.00	RURAL HEALTH CLINIC	88.00	5,535	3,652	1.00
2.00	PHYSICIANS PRIVATE OFFICES	192.00	599,483	312,280	2.00
			605,018	315,932	
<b>Q - BILLABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,132,782	1.00
2.00		0.00	0	0	2.00
			0	9,132,782	
<b>R - IT CONTRACT LABOR</b>					
1.00	OTHER ADMIN & GENERAL	5.06	0	338,646	1.00
			0	338,646	
500.00	Grand Total: Increases		11,500,544	18,875,614	500.00

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6

Date/Time Prepared:  
5/28/2016 10:04 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - PROFESSIONAL FEES</b>						
1.00 OTHER ADMIN & GENERAL	5.06	0	730,492	0		1.00
2.00 SUBPROVIDER - IRF	41.00	0	56,290	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
0		0	786,782			
<b>B - BONUSES AND VACATION ACCRUAL</b>						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,350,517	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
20.00	0.00	0	0	0		20.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
26.00	0.00	0	0	0		26.00
27.00	0.00	0	0	0		27.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
38.00	0.00	0	0	0		38.00
39.00	0.00	0	0	0		39.00
40.00	0.00	0	0	0		40.00
41.00	0.00	0	0	0		41.00
42.00	0.00	0	0	0		42.00
43.00	0.00	0	0	0		43.00
44.00	0.00	0	0	0		44.00
45.00	0.00	0	0	0		45.00
46.00	0.00	0	0	0		46.00
47.00	0.00	0	0	0		47.00
48.00	0.00	0	0	0		48.00
49.00	0.00	0	0	0		49.00
0		0	3,350,517			
<b>C - CAFETERIA</b>						
1.00 DIETARY	10.00	862,415	1,507,004	0		1.00
0		862,415	1,507,004			
<b>D - NURSING ADMINISTRATION</b>						
1.00 NURSING ADMINISTRATION	13.00	1,120,238	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
0			1,120,238	0				
E - COST OF GOODS SOLD								
1.00	PURCHASING	5.03	0	881,303	0			1.00
2.00	PHARMACY	15.00	0	2,004,848	0			2.00
3.00		0.00	0	0	0			3.00
0			0	2,886,151				
F - UTILIZATION REVIEW								
1.00	SOCIAL SERVICE	17.00	1,397,309	0	0			1.00
0			1,397,309	0				
G - RECOVERY ROOM								
1.00	ADULTS & PEDIATRICS	30.00	388,286	0	0			1.00
0			388,286	0				
H - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	651,186	0	0			1.00
0			651,186	0				
I - INSURANCE								
1.00	OTHER ADMIN & GENERAL	5.06	0	1,289,154	0			1.00
0			0	1,289,154				
J - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	983,815	0			1.00
0			0	983,815				
K - RADIOLOGY								
1.00	PHYSICIANS PRIVATE OFFICES	192.00	168,059	0	0			1.00
0			168,059	0				
L - ESTABLISH OTHER CRC								
1.00	OTHER ADMIN & GENERAL	5.06	0	1,412,110	0			1.00
0			0	1,412,110				
M - NEW LIFE GRANT								
1.00	NONPAID WORKERS	193.00	223,238	0	0			1.00
0			223,238	0				
N - RX SALARIES								
1.00	PHARMACY	15.00	2,154,499	0	0			1.00
0			2,154,499	0				
O - FLOAT NURSING								
1.00	NURSING ADMINISTRATION	13.00	803,017	0	0			1.00
0			803,017	0				
P - CHC DIRECTORS								
1.00	COMMUNITY HEALTH CENTERS	93.01	5,535	3,652	0			1.00
2.00	COMMUNITY HEALTH CENTERS	93.01	599,483	312,280	0			2.00
0			605,018	315,932				
Q - BILLABLE DRUGS								
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,125,950	0			1.00
2.00	INFUSION	93.00	0	3,006,832	0			2.00
0			0	9,132,782				
R - IT CONTRACT LABOR								
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	338,646	0			1.00
0			0	338,646				
500.00	Grand Total: Decreases		8,373,265	22,002,893				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provi der CCN: 140186

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,974,131	0	0	0	1.00
2.00	Land Improvements	2,578,407	1,570,196	0	1,570,196	2.00
3.00	Buildings and Fixtures	160,126,982	73,919,844	0	73,919,844	3.00
4.00	Building Improvements	26,290,707	27,571,728	0	27,571,728	4.00
5.00	Fixed Equipment	3,312,534	1,506,210	0	1,506,210	5.00
6.00	Movable Equipment	135,539,621	69,213,273	0	69,213,273	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	335,822,382	173,781,251	0	173,781,251	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	335,822,382	173,781,251	0	173,781,251	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,974,131	0			1.00
2.00	Land Improvements	4,148,603	0			2.00
3.00	Buildings and Fixtures	234,046,826	0			3.00
4.00	Building Improvements	53,862,435	0			4.00
5.00	Fixed Equipment	4,818,744	0			5.00
6.00	Movable Equipment	204,752,894	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	509,603,633	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	509,603,633	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,636,372	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,108,868	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,745,240	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	8,636,372				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,108,868				2.00
3.00	Total (sum of lines 1-2)	0	17,745,240				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	304,850,739	0	304,850,739	0.598211	221,731	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	204,752,894	0	204,752,894	0.401789	148,926	2.00
3.00	Total (sum of lines 1-2)	509,603,633	0	509,603,633	1.000000	370,657	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	623,009	0	844,740	8,636,372	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	418,444	0	567,370	9,108,868	0	2.00
3.00	Total (sum of lines 1-2)	1,041,453	0	1,412,110	17,745,240	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	221,731	623,009	0	9,481,112	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	148,926	418,444	0	9,676,238	2.00
3.00	Total (sum of lines 1-2)	0	370,657	1,041,453	0	19,157,350	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
				Cost Center	Line #			
				1.00	2.00			3.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-1,250		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	-6,360,193				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-1,550		RADIOLOGY-DIAGNOSTIC	54.00	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	-1,410,020		CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-6,317		MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00	Sale of drugs to other than patients	B	-14,414		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-10,173		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	B	-21,331		DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	FAMILY RESOURCE	B	-360		OTHER ADMIN & GENERAL	5.06	0	33.00
33.01	ACLS REVENUE	B	-11,185		AMBULANCE SERVICES	95.00	0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 GOURMET COFFEE	B	-250,175	CAFETERIA	11.00	0 33.02
33.03 AMBULANCE REVENUE	B	-468,084	AMBULANCE SERVICES	95.00	0 33.03
33.04 MISCELLANEOUS INCOME	B	-94,447	OTHER ADMIN & GENERAL	5.06	0 33.04
33.05 IHA DUES	A	-14,636	OTHER ADMIN & GENERAL	5.06	0 33.05
33.06 VOCATIONAL TRAINING	A	-131,265	ADULTS & PEDIATRICALS	30.00	0 33.06
33.07 VOCATIONAL TRAINING	A	-48,666	OP PSY/CDU	76.01	0 33.07
33.08 VOCATIONAL TRAINING	A	-318	OTHER ADMIN & GENERAL	5.06	0 33.08
33.09 NON-ALLOWABLE MARKETING	A	-396,636	OTHER ADMIN & GENERAL	5.06	0 33.09
33.10 NON-ALLOWABLE ADMIN	A	-376,031	OTHER ADMIN & GENERAL	5.06	0 33.10
33.11 CHARITY CARE	A	-78,820	OTHER ADMIN & GENERAL	5.06	0 33.11
33.12 NON-ALLOWABLE INTEREST	A	-5,528,509	INTEREST EXPENSE	113.00	0 33.12
33.13 MEDICAID ASSESSMENT	A	-9,306,477	OTHER ADMIN & GENERAL	5.06	0 33.13
33.14 INTEREST INCOME	B	568,453	INTEREST EXPENSE	113.00	0 33.14
33.15 REAL ESTATE TAX	A	-1,041,453	OTHER ADMIN & GENERAL	5.06	0 33.15
33.16 NON OPERATING INC UNRESTRICT DONOR	B	-18,556	OTHER ADMIN & GENERAL	5.06	0 33.16
33.17 NURSE PRACTITIONER PART B BENEFITS	A	-195,275	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
33.18 NURSE PRACTITIONER PART B SALARIES	A	-308,583	ELECTROCARDIOLOGY	69.00	0 33.18
33.19 NURSE PRACTITIONER PART B SALARIES	A	-149,192	RIMMS	76.02	0 33.19
33.20 NURSE PRACTITIONER PART B SALARIES	A	-92,243	RURAL HEALTH CLINIC	88.00	0 33.20
33.21 NURSE PRACTITIONER PART B SALARIES	A	-225,336	COMMUNITY HEALTH CENTERS	93.01	0 33.21
33.22 NURSE PRACTITIONER PART B SALARIES	A	-9,145	RADIOLOGY-DIAGNOSTIC	54.00	0 33.22
33.23 EMT REVENUE	B	-17,858	AMBULANCE SERVICES	95.00	0 33.23
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,020,045			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: 140186

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2016 10:04 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30.00	ADULTS & PEDIATRICS	60,000	60,000	1.00
2.00	0.00	FACILITY RENT	0	0	2.00
3.00	0.00		0	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		60,000	60,000	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	A	RESOLVE CENTER	100.00	OAKSIDE CORP	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140186

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2016 10:04 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	9		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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

6.00	CHEM DEPENDENCY		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: 140186

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2016 10:05 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMIN & GENERAL	175,993	154,993	21,000	154,100	210	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	78,849	78,849	0	154,100	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	114,323	114,323	0	154,100	0	3.00
4.00	41.00	SUBPROVIDER - IRF	-5,720	-5,720	0	154,100	0	4.00
5.00	50.00	OPERATING ROOM	224,121	0	224,121	204,100	762	5.00
6.00	53.00	ANESTHESIOLOGY	360,480	360,480	0	200,300	0	6.00
7.00	60.00	LABORATORY	51,600	0	51,600	154,100	344	7.00
8.00	65.00	RESPIRATORY THERAPY	16,900	0	16,900	219,500	169	8.00
9.00	76.01	OP PSY/CDU	72,299	72,299	0	154,100	0	9.00
10.00	76.02	RIMMS	117,970	117,970	0	154,100	0	10.00
11.00	91.00	EMERGENCY	94,250	94,250	0	154,100	0	11.00
12.00	93.00	INFUSION	375	375	0	154,100	0	12.00
13.00	93.01	COMMUNITY HEALTH CENTERS	2,716,367	2,716,367	0	154,100	0	13.00
14.00	88.00	RURAL HEALTH CLINIC	24,616	24,616	0	154,100	0	14.00
15.00	31.00	INTENSIVE CARE UNIT	12,500	0	12,500	154,100	125	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	8,250	0	8,250	154,100	55	16.00
17.00	69.00	ELECTROCARDIOLOGY	2,443,071	2,443,071	0	154,100	0	17.00
200.00			6,506,244	6,171,873	334,371		1,665	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMIN & GENERAL	15,558	778	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	74,771	3,739	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	25,486	1,274	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	17,834	892	0	0	0	8.00
9.00	76.01	OP PSY/CDU	0	0	0	0	0	9.00
10.00	76.02	RIMMS	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	93.00	INFUSION	0	0	0	0	0	12.00
13.00	93.01	COMMUNITY HEALTH CENTERS	0	0	0	0	0	13.00
14.00	88.00	RURAL HEALTH CLINIC	0	0	0	0	0	14.00
15.00	31.00	INTENSIVE CARE UNIT	9,261	463	0	0	0	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	4,075	204	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	17.00
200.00			146,985	7,350	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMIN & GENERAL	0	15,558	5,442	160,435		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS A	0	0	0	78,849		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	114,323		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	-5,720		4.00
5.00	50.00	OPERATING ROOM	0	74,771	149,350	149,350		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	360,480		6.00
7.00	60.00	LABORATORY	0	25,486	26,114	26,114		7.00
8.00	65.00	RESPIRATORY THERAPY	0	17,834	0	0		8.00
9.00	76.01	OP PSY/CDU	0	0	0	72,299		9.00
10.00	76.02	RIMMS	0	0	0	117,970		10.00
11.00	91.00	EMERGENCY	0	0	0	94,250		11.00
12.00	93.00	INFUSION	0	0	0	375		12.00
13.00	93.01	COMMUNITY HEALTH CENTERS	0	0	0	2,716,367		13.00
14.00	88.00	RURAL HEALTH CLINIC	0	0	0	24,616		14.00
15.00	31.00	INTENSIVE CARE UNIT	0	9,261	3,239	3,239		15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	0	4,075	4,175	4,175		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	0	0	2,443,071		17.00
200.00			0	146,985	188,320	6,360,193		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,481,112	9,481,112			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,676,238		9,676,238		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	28,000,698	43,509	3,194	28,047,401	4.00
5.01 01160	COMMUNICATIONS	1,076,406	2,594	0	0	1,079,000 5.01
5.02 00550	DATA PROCESSING	8,988,712	140,856	2,262,064	462,205	75,126 5.02
5.03 00591	PURCHASING	1,264,820	288,783	268,030	190,506	14,086 5.03
5.05 00590	BUSINESS OFFICE	5,218,007	166,687	56,035	1,318,725	43,198 5.05
5.06 00592	OTHER ADMIN & GENERAL	23,103,486	782,698	189,249	3,328,266	223,505 5.06
6.00 00600	MAINTENANCE & REPAIRS	8,167,235	227,349	590,147	531,354	36,624 6.00
7.00 00700	OPERATION OF PLANT	627,435	2,043,811	219,450	162,670	15,964 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	545,786	61,620	5,136	151,294	939 8.00
9.00 00900	HOUSEKEEPING	2,319,878	37,488	74,112	575,859	7,513 9.00
10.00 01000	DIETARY	1,294,758	157,732	49,488	143,039	13,147 10.00
11.00 01100	CAFETERIA	709,224	144,330	0	260,748	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,306,571	0	85,688	178,120	15,025 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	848,105	98,382	44,554	124,943	3,756 14.00
15.00 01500	PHARMACY	987,523	36,530	19,797	0	9,391 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,735,882	87,620	8,746	404,173	47,893 16.00
17.00 01700	SOCIAL SERVICE	942,241	8,198	11,154	155,050	8,452 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,718,808	4,014	1,527	45,452	939 22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	15,389,155	984,665	147,024	3,646,860	154,009 30.00
31.00 03100	INTENSIVE CARE UNIT	3,485,668	140,918	203,302	770,672	17,842 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I/PF	1,700,396	0	17,152	251,912	0 40.00
41.00 04100	SUBPROVIDER - I/RF	3,152,504	123,502	21,824	509,247	13,147 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,283,866	26,711	5,786	289,812	3,756 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,657,446	242,295	1,668,907	996,108	25,355 50.00
51.00 05100	RECOVERY ROOM	2,283,099	63,982	9,681	537,212	19,721 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,671,803	81,259	122,995	392,283	5,634 52.00
53.00 05300	ANESTHESIOLOGY	512,399	6,299	9,464	18,448	939 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,781,072	153,841	795,547	912,617	15,025 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	558,255	7,565	7,406	48,124	1,878 54.01
54.02 05404	ULTRASOUND	655,046	6,979	69,852	109,694	3,756 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,270,304	0	577,610	180,289	15,025 55.00
57.00 05700	CT SCAN	850,819	8,878	100,234	114,842	5,634 57.00
58.00 05800	MRI	321,902	18,404	337,849	42,341	5,634 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,932,080	53,653	469,158	293,297	4,695 59.00
60.00 06000	LABORATORY	7,812,165	103,924	264,627	649,182	30,990 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	1,675,507	0	2,392	211,161	1,878 64.00
65.00 06500	RESPIRATORY THERAPY	1,841,035	19,330	165,716	391,481	6,574 65.00
66.00 06600	PHYSICAL THERAPY	3,276,588	282,916	33,372	754,713	27,233 66.00
69.00 06900	ELECTROCARDIOLOGY	2,375,022	42,953	219,724	232,098	15,025 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	859,957	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,456,111	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,082,659	0	0	507,204	0 73.00
75.01 03955	RENAL DIALYSIS (IP)	579,749	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	294,051	28,285	6,831	86,241	3,756 76.00
76.01 03950	OP PSY/CDU	992,315	181,107	2,338	272,450	0 76.01
76.02 03957	RIMMS	777,479	61,002	20,005	194,079	11,269 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	401,376	7,627	1,230	107,397	3,756 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	999,818	23,283	4,874	80,828	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	164,915	89,751	4,037	37,107	3,756 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	4,683,488	134,093	93,785	846,156	49,771 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	869,619	73,416	3,851	197,656	0 92.01
93.00 04951	INFUSION	913,073	0	2,761	106,713	0 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	1,315,957	456,535	5,480	185,264	1,878 93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	2,736,272	98,999	140,517	890,631	3,756	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	3,388,320	43,972	63,816	743,873	17,842	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	224,014,215	7,898,345	9,487,518	23,640,396	985,092	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,825	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102	CARE-A-VAN	5,049	0	0	494	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	29,001,919	995,596	188,720	4,357,255	45,076	192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300	NONPAID WORKERS	442,792	567,346	0	49,256	48,832	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	253,463,975	9,481,112	9,676,238	28,047,401	1,079,000	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	11,928,963					5.02
5.03	00591	PURCHASING	189,952	2,216,177				5.03
5.05	00590	BUSINESS OFFICE	1,836,199	1,740	8,640,591			5.05
5.06	00592	OTHER ADMIN & GENERAL	1,861,528	1,354	0	29,490,086	29,490,086	5.06
6.00	00600	MAINTENANCE & REPAIRS	265,932	2,887	0	9,821,528	1,293,181	6.00
7.00	00700	OPERATION OF PLANT	215,279	120	0	3,284,729	432,494	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,550	0	766,325	100,900	8.00
9.00	00900	HOUSEKEEPING	75,981	2,394	0	3,093,225	407,279	9.00
10.00	01000	DIETARY	126,634	754	0	1,785,552	235,100	10.00
11.00	01100	CAFETERIA	0	0	0	1,114,302	146,718	11.00
13.00	01300	NURSING ADMINISTRATION	139,298	371	0	1,725,073	227,137	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	63,317	15,204	0	1,198,261	157,773	14.00
15.00	01500	PHARMACY	240,605	35,014	0	1,328,860	174,968	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	367,240	26	0	2,651,580	349,128	16.00
17.00	01700	SOCIAL SERVICE	265,932	50	0	1,391,077	183,160	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3	0	1,770,743	233,150	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,228,354	22,541	453,271	22,025,879	2,900,103	30.00
31.00	03100	INTENSIVE CARE UNIT	215,279	15,472	62,396	4,911,549	646,694	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	24,275	1,993,735	262,511	40.00
41.00	04100	SUBPROVIDER - IRF	189,952	3,437	67,418	4,081,031	537,341	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	37,990	5,097	25,358	1,678,376	220,988	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	316,586	324,153	869,380	15,100,230	1,988,217	50.00
51.00	05100	RECOVERY ROOM	177,288	7,248	136,725	3,234,956	425,940	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,654	9,811	61,696	2,396,135	315,494	52.00
53.00	05300	ANESTHESIOLOGY	0	27,360	300,092	875,001	115,210	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	291,259	58,033	608,711	7,616,105	1,002,797	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	12,663	29,163	59,064	724,118	95,343	54.01
54.02	05404	ULTRASOUND	75,981	7,420	128,773	1,057,501	139,239	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	139,298	30,769	143,500	4,356,795	573,650	55.00
57.00	05700	CT SCAN	101,308	13,178	552,720	1,747,613	230,105	57.00
58.00	05800	MRI	113,971	5,556	140,412	986,069	129,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,327	184,552	465,089	5,427,851	714,674	59.00
60.00	06000	LABORATORY	785,133	343,562	1,099,645	11,089,228	1,460,096	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	37,990	34,508	62,370	2,025,806	266,734	64.00
65.00	06500	RESPIRATORY THERAPY	101,308	19,560	229,961	2,774,965	365,374	65.00
66.00	06600	PHYSICAL THERAPY	785,133	11,079	233,363	5,404,397	711,586	66.00
69.00	06900	ELECTROCARDIOLOGY	151,961	8,082	218,607	3,263,472	429,695	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	108,071	968,028	127,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	857,612	333,708	13,647,431	1,796,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,048,061	14,637,924	1,927,346	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	10,790	590,539	77,755	75.01
76.00	03956	CARDIAC REHAB	88,644	336	11,212	519,356	68,383	76.00
76.01	03950	OP PSY/CDU	151,961	1,019	86,696	1,687,886	222,241	76.01
76.02	03957	RIMMS	0	8,302	12,852	1,084,988	142,858	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	63,317	187	8,474	593,364	78,127	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	16,539	33,226	1,158,568	152,546	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	225	4,667	304,458	40,087	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	316,586	44,376	721,676	6,889,931	907,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT				0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	1,071	111,794	1,257,407	165,560	92.01
93.00	04951	INFUSION	0	30,881	52,958	1,106,386	145,676	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	897	51,283	2,017,294	265,613	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	88,644	1,181	54,459	4,014,459	528,576	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	443,220	4,049	47,838	4,752,930	625,809	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,637,704	2,188,723	8,640,591	217,423,102	24,744,761
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	19,825	2,610
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	1	0	5,544	730
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	25,285	0	34,613,851	4,557,432
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	291,259	2,168	0	1,401,653	184,553
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,928,963	2,216,177	8,640,591	253,463,975	29,490,086

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	11,114,709					6.00
7.00	00700	OPERATION OF PLANT	0	3,717,223				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	54,963	922,188			8.00
9.00	00900	HOUSEKEEPING	0	33,438	0	3,533,942		9.00
10.00	01000	DIETARY	0	140,692	6,171	157,122	2,324,637	10.00
11.00	01100	CAFETERIA	0	128,739	0	143,772	1,506,095	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,074	87,754	46,684	98,001	0	14.00
15.00	01500	PHARMACY	0	32,584	0	36,389	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	78,155	0	87,281	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,313	0	8,167	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,581	0	3,999	0	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	850,192	878,295	400,971	980,856	670,008	30.00
31.00	03100	INTENSIVE CARE UNIT	543,294	125,695	114,300	140,373	38,170	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	6,221	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	31,105	110,160	67,204	123,024	103,302	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	176,259	23,825	0	26,607	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,468,138	216,120	43,123	241,357	0	50.00
51.00	05100	RECOVERY ROOM	103,682	57,070	38,990	63,734	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	207,364	72,481	0	80,945	0	52.00
53.00	05300	ANESTHESIOLOGY	891,665	5,619	2,033	6,275	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,192,343	102,944	52,938	114,965	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	80,872	6,748	0	7,536	0	54.01
54.02	05404	ULTRASOUND	136,860	6,225	0	6,952	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	130,639	0	0	0	0	55.00
57.00	05700	CT SCAN	39,399	7,919	0	8,843	0	57.00
58.00	05800	MRI	49,767	16,416	0	18,333	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	758,952	47,857	15,541	53,445	0	59.00
60.00	06000	LABORATORY	470,716	92,698	0	103,522	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,080,366	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	663,565	17,242	2,654	19,256	0	65.00
66.00	06600	PHYSICAL THERAPY	163,818	252,354	18,432	281,822	0	66.00
69.00	06900	ELECTROCARDIOLOGY	418,875	38,313	5,539	42,787	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	93,314	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	176,259	25,230	0	28,176	0	76.00
76.01	03950	OP PSY/CDU	0	161,543	0	180,407	0	76.01
76.02	03957	RIMMS	37,326	54,412	1,781	60,766	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	4,147	6,803	0	7,598	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	20,768	1,017	23,193	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	10,368	80,055	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	389,844	119,608	77,343	133,575	7,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	118,197	65,485	0	73,132	0	92.01
93.00	04951	INFUSION	93,314	0	4,765	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	97,461	88,305	5,776	98,616	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,147	39,222	0	43,802	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,490,543	3,306,631	905,262	3,504,628	2,324,637
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	17,683	0	19,748	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	622,092	384,343	16,926	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	2,074	8,566	0	9,566	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,114,709	3,717,223	922,188	3,533,942	2,324,637

COST ALLOCATION - GENERAL SERVICE COSTS			Provi der CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			CAFETERIA	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNI CATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASI NG						5.03
5.05	00590	BUSI NESS OFFI CE						5.05
5.06	00592	OTHER ADMI N & GENERAL						5.06
6.00	00600	MAI NTENANCE & REPAI RS						6.00
7.00	00700	OPERATI ON OF PLANT						7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE						8.00
9.00	00900	HOUSEKEEPI NG						9.00
10.00	01000	DI ETARY						10.00
11.00	01100	CAFETERIA	3,039,626					11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	145,159	2,097,369				13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	42,693	34,367	1,667,607			14.00
15.00	01500	PHARMACY	90,634	0	0	1,663,435		15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	3,166,144	16.00
17.00	01700	SOCI AL SERVI CE	95,018	0	0	0	0	17.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS A	52,524	42,281	0	0	0	22.00
23.00	02301	PARAMEDI CAL EDUCATI ON PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	735,552	666,601	0	0	166,086	30.00
31.00	03100	I NTENSIVE CARE UNI T	148,069	113,732	0	0	22,863	31.00
32.00	03200	CORONARY CARE UNI T	0	0	0	0	0	32.00
40.00	04000	SUBPROVI DER - I PF	0	64,075	0	0	8,895	40.00
41.00	04100	SUBPROVI DER - I RF	134,892	108,587	0	0	24,703	41.00
42.00	04200	SUBPROVI DER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41,890	33,721	0	0	9,291	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	194,731	156,757	0	0	318,556	50.00
51.00	05100	RECOVERY ROOM	85,923	69,167	0	0	50,099	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	75,215	60,547	0	0	22,606	52.00
53.00	05300	ANESTHESI OLOGY	9,554	7,691	0	0	109,959	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	114,268	0	0	0	223,042	54.00
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	8,042	0	0	0	21,642	54.01
54.02	05404	ULTRASOUND	22,044	0	0	0	47,185	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	34,070	0	0	0	52,581	55.00
57.00	05700	CT SCAN	32,556	0	0	0	202,527	57.00
58.00	05800	MRI	9,312	0	0	0	51,450	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	51,198	41,214	0	0	170,417	59.00
60.00	06000	LABORATORY	159,095	0	0	0	403,007	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	I NTRAVENOUS THERAPY	7,775	6,259	0	0	22,854	64.00
65.00	06500	RESPI RATORY THERAPY	68,929	55,487	0	0	84,262	65.00
66.00	06600	PHYSI CAL THERAPY	75,539	112,053	0	0	85,508	66.00
69.00	06900	ELECTROCARDI OLOGY	108,950	87,704	1,667,607	0	80,101	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PAT	0	0	0	0	39,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	122,277	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	1,663,435	384,028	73.00
75.01	03955	RENAL DI ALYSI S (I P)	0	0	0	0	3,954	75.01
76.00	03956	CARDI AC REHAB	13,037	10,495	0	0	4,108	76.00
76.01	03950	OP PSY/CDU	0	49,466	0	0	31,767	76.01
76.02	03957	RIMMS	0	0	0	0	4,709	76.02
76.03	03951	GENETI C/OAK PLAZA CLINI CS	0	0	0	0	0	76.03
76.04	03952	PAI N CLINI C	0	0	0	0	0	76.04
76.05	03953	DI ABETES	0	0	0	0	3,105	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	9,586	0	0	0	12,175	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINI C	0	0	0	0	1,710	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	205,725	168,655	0	0	264,435	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT						92.00
92.01	09202	OBSERVATI ON BEDS (DI STI NCT PART)	42,515	34,224	0	0	40,963	92.01
93.00	04951	I NFUSI ON	22,351	0	0	0	19,405	93.00
93.01	04950	COMMUNI TY HEALTH CENTERS	32,969	0	0	0	18,791	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVI CES	0	174,286	0	0	19,955	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	17,529	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,869,815	2,097,369	1,667,607	1,663,435	3,166,144
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	153,793	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	16,018	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,039,626	2,097,369	1,667,607	1,663,435	3,166,144

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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5/28/2016 10:04 am

Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES A	PRGM COSTS A				
	17.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00591	PURCHASING						5.03
5.05 00590	BUSINESS OFFICE						5.05
5.06 00592	OTHER ADMIN & GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
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	1,684,735					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		2,106,278			22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM	0			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	1,001,854	0	1,130,367	0	32,406,764	30.00
31.00 03100	INTENSIVE CARE UNIT	66,614	0	161,033	0	7,032,386	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	2,335,437	40.00
41.00 04100	SUBPROVIDER - I RF	578,731	0	0	0	5,900,080	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	2,210,957	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	30,487	0	47,934	0	19,805,650	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	4,129,561	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,230,787	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	2,023,007	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	28,823	0	10,448,225	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	57,959	0	1,002,260	54.01
54.02 05404	ULTRASOUND	0	0	0	0	1,416,006	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	46,681	0	5,194,416	55.00
57.00 05700	CT SCAN	0	0	0	0	2,268,962	57.00
58.00 05800	MRI	0	0	0	0	1,261,181	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	86,156	0	7,367,305	59.00
60.00 06000	LABORATORY	0	0	19,111	0	13,797,473	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	3,409,794	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	4,051,734	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	7,105,509	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	57,020	0	6,200,063	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	1,135,085	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,566,638	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	18,612,733	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	765,562	75.01
76.00 03956	CARDIAC REHAB	0	0	0	0	845,044	76.00
76.01 03950	OP PSY/CDU	0	0	0	0	2,333,310	76.01
76.02 03957	RI MMS	0	0	0	0	1,386,840	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	0	693,144	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,377,853	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	436,678	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	0	0	47,307	0	9,210,668	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,797,483	92.01
93.00 04951	INFUSION	0	0	0	0	1,391,897	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	0	2,334,667	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	5,027,434	95.00
99.10 09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00			
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	5,483,439	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,677,686	0	1,682,391	0	210,996,032	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	59,866	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102 CARE-A-VAN	0	0	0	0	6,274	191.02
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	423,887	0	40,772,324	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	7,049	0	0	0	1,629,479	193.00
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,684,735	0	2,106,278	0	253,463,975	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

Period:  
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To 12/31/2015

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160	COMMUNICATIONS		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00591	PURCHASING		5.03
5.05	00590	BUSINESS OFFICE		5.05
5.06	00592	OTHER ADMIN & GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A		22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-1,130,367	30.00
31.00	03100	INTENSIVE CARE UNIT	-161,033	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-47,934	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-28,823	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	-57,959	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-46,681	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-86,156	59.00
60.00	06000	LABORATORY	-19,111	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	-57,020	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	75.01
76.00	03956	CARDIAC REHAB	0	76.00
76.01	03950	OP PSY/CDU	0	76.01
76.02	03957	RIMMS	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03952	PAIN CLINIC	0	76.04
76.05	03953	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	-47,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04951	INFUSION	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500	AMBULANCE SERVICES	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,483,439	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,682,391	209,313,641	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	59,866	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	6,274	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	-423,887	40,348,437	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,629,479	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,106,278	251,357,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

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Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	43,509	3,194	46,703	46,703 4.00
5.01 01160	COMMUNICATIONS	0	2,594	0	2,594	0 5.01
5.02 00550	DATA PROCESSING	0	140,856	2,262,064	2,402,920	770 5.02
5.03 00591	PURCHASING	0	288,783	268,030	556,813	317 5.03
5.05 00590	BUSINESS OFFICE	0	166,687	56,035	222,722	2,196 5.05
5.06 00592	OTHER ADMIN & GENERAL	0	782,698	189,249	971,947	5,542 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	227,349	590,147	817,496	885 6.00
7.00 00700	OPERATION OF PLANT	0	2,043,811	219,450	2,263,261	271 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	61,620	5,136	66,756	252 8.00
9.00 00900	HOUSEKEEPING	0	37,488	74,112	111,600	959 9.00
10.00 01000	DIETARY	0	157,732	49,488	207,220	238 10.00
11.00 01100	CAFETERIA	0	144,330	0	144,330	434 11.00
13.00 01300	NURSING ADMINISTRATION	0	0	85,688	85,688	297 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	98,382	44,554	142,936	208 14.00
15.00 01500	PHARMACY	0	36,530	19,797	56,327	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	87,620	8,746	96,366	673 16.00
17.00 01700	SOCIAL SERVICE	0	8,198	11,154	19,352	258 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	4,014	1,527	5,541	76 22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	984,665	147,024	1,131,689	6,073 30.00
31.00 03100	INTENSIVE CARE UNIT	0	140,918	203,302	344,220	1,283 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - I PF	0	0	17,152	17,152	419 40.00
41.00 04100	SUBPROVIDER - I RF	0	123,502	21,824	145,326	848 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	26,711	5,786	32,497	483 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	242,295	1,668,907	1,911,202	1,659 50.00
51.00 05100	RECOVERY ROOM	0	63,982	9,681	73,663	895 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	81,259	122,995	204,254	653 52.00
53.00 05300	ANESTHESIOLOGY	0	6,299	9,464	15,763	31 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	153,841	795,547	949,388	1,520 54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	7,565	7,406	14,971	80 54.01
54.02 05404	ULTRASOUND	0	6,979	69,852	76,831	183 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	577,610	577,610	300 55.00
57.00 05700	CT SCAN	0	8,878	100,234	109,112	191 57.00
58.00 05800	MRI	0	18,404	337,849	356,253	71 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	53,653	469,158	522,811	488 59.00
60.00 06000	LABORATORY	0	103,924	264,627	368,551	1,081 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	2,392	2,392	352 64.00
65.00 06500	RESPIRATORY THERAPY	0	19,330	165,716	185,046	652 65.00
66.00 06600	PHYSICAL THERAPY	0	282,916	33,372	316,288	1,257 66.00
69.00 06900	ELECTROCARDIOLOGY	0	42,953	219,724	262,677	386 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	845 73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00 03956	CARDIAC REHAB	0	28,285	6,831	35,116	144 76.00
76.01 03950	OP PSY/CDU	0	181,107	2,338	183,445	454 76.01
76.02 03957	RIMMS	0	61,002	20,005	81,007	323 76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04 03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05 03953	DIABETES	0	7,627	1,230	8,857	179 76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	23,283	4,874	28,157	135 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	89,751	4,037	93,788	62 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	134,093	93,785	227,878	1,409 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	0 92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	73,416	3,851	77,267	329 92.01
93.00 04951	INFUSION	0	0	2,761	2,761	178 93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	456,535	5,480	462,015	309 93.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				2A	4.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	98,999	140,517	239,516	1,483	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	43,972	63,816	107,788	1,239	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,898,345	9,487,518	17,385,863	39,370	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	19,825	0	19,825	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	1	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	995,596	188,720	1,184,316	7,250	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	567,346	0	567,346	82	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,481,112	9,676,238	19,157,350	46,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			COMMUNI CATIONS	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	OTHER ADMI N & GENERAL	
			5.01	5.02	5.03	5.05	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNI CATIONS	2,594					5.01
5.02	00550	DATA PROCESSING	181	2,403,871				5.02
5.03	00591	PURCHASING	34	38,278	595,442			5.03
5.05	00590	BUSINESS OFFICE	104	370,023	468	595,513		5.05
5.06	00592	OTHER ADMIN & GENERAL	536	375,125	364	0	1,353,514	5.06
6.00	00600	MAINTENANCE & REPAIRS	88	53,589	776	0	59,351	6.00
7.00	00700	OPERATION OF PLANT	38	43,382	32	0	19,850	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2	0	417	0	4,631	8.00
9.00	00900	HOUSEKEEPING	18	15,311	643	0	18,692	9.00
10.00	01000	DIETARY	32	25,519	202	0	10,790	10.00
11.00	01100	CAFETERIA	0	0	0	0	6,734	11.00
13.00	01300	NURSING ADMINISTRATION	36	28,071	100	0	10,425	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9	12,759	4,085	0	7,241	14.00
15.00	01500	PHARMACY	23	48,486	9,407	0	8,030	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	115	74,005	7	0	16,023	16.00
17.00	01700	SOCIAL SERVICE	20	53,589	13	0	8,406	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	2	0	1	0	10,701	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	370	247,532	6,056	31,262	133,102	30.00
31.00	03100	INTENSIVE CARE UNIT	43	43,382	4,157	4,303	29,680	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,674	12,048	40.00
41.00	04100	SUBPROVIDER - IRF	32	38,278	924	4,650	24,662	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9	7,656	1,369	1,749	10,142	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	61	63,797	87,094	59,960	91,251	50.00
51.00	05100	RECOVERY ROOM	47	35,726	1,948	9,430	19,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14	10,208	2,636	4,255	14,480	52.00
53.00	05300	ANESTHESIOLOGY	2	0	7,351	20,697	5,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36	58,693	15,593	41,982	46,024	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	5	2,552	7,836	4,074	4,376	54.01
54.02	05404	ULTRASOUND	9	15,311	1,994	8,881	6,390	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	36	28,071	8,267	9,897	26,328	55.00
57.00	05700	CT SCAN	14	20,415	3,541	38,121	10,561	57.00
58.00	05800	MRI	14	22,967	1,493	9,684	5,959	58.00
59.00	05900	CARDIAC CATHETERIZATION	11	5,104	49,586	32,077	32,801	59.00
60.00	06000	LABORATORY	75	158,217	92,309	75,422	67,012	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	5	7,656	9,272	4,302	12,242	64.00
65.00	06500	RESPIRATORY THERAPY	16	20,415	5,255	15,860	16,769	65.00
66.00	06600	PHYSICAL THERAPY	65	158,217	2,977	16,095	32,659	66.00
69.00	06900	ELECTROCARDIOLOGY	36	30,623	2,172	15,077	19,721	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	7,454	5,850	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	230,418	23,016	82,471	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	72,284	88,457	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	744	3,569	75.01
76.00	03956	CARDIAC REHAB	9	17,863	90	773	3,138	76.00
76.01	03950	OP PSY/CDU	0	30,623	274	5,979	10,200	76.01
76.02	03957	RIMMS	27	0	2,231	886	6,557	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	9	12,759	50	584	3,586	76.05
76.98	07698	HYPERTENSIVE OXYGEN THERAPY	0	0	4,444	2,292	7,001	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	9	0	60	322	1,840	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	120	63,797	11,923	49,773	41,636	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	288	7,710	7,599	92.01
93.00	04951	INFUSION	0	0	8,297	3,652	6,686	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	5	0	241	3,537	12,191	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	9	17,863	317	3,756	24,259	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	43	89,316	1,088	3,299	28,722	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMIN & GENERAL		
		5.01	5.02	5.03	5.05	5.06		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,369	2,345,178	588,066	595,513	1,135,680	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	120	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	34	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	108	0	6,794	0	209,210	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	117	58,693	582	0	8,470	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,594	2,403,871	595,442	595,513	1,353,514	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	932,185					6.00
7.00	00700	OPERATION OF PLANT	0	2,326,834				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,405	106,463			8.00
9.00	00900	HOUSEKEEPING	0	20,931	0	168,154		9.00
10.00	01000	DIETARY	0	88,068	712	7,476	340,257	10.00
11.00	01100	CAFETERIA	0	80,585	0	6,841	220,447	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	174	54,930	5,389	4,663	0	14.00
15.00	01500	PHARMACY	0	20,396	0	1,731	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	48,922	0	4,153	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,578	0	389	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	2,241	0	190	0	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	71,305	549,777	46,292	46,671	98,069	30.00
31.00	03100	INTENSIVE CARE UNIT	45,566	78,680	13,196	6,679	5,587	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	522	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,609	68,956	7,758	5,854	15,120	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,783	14,914	0	1,266	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	123,130	135,283	4,978	11,484	0	50.00
51.00	05100	RECOVERY ROOM	8,696	35,724	4,501	3,033	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,392	45,370	0	3,852	0	52.00
53.00	05300	ANESTHESIOLOGY	74,783	3,517	235	299	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,001	64,439	6,111	5,470	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	6,783	4,224	0	359	0	54.01
54.02	05404	ULTRASOUND	11,478	3,897	0	331	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	10,957	0	0	0	0	55.00
57.00	05700	CT SCAN	3,304	4,957	0	421	0	57.00
58.00	05800	MRI	4,174	10,276	0	872	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,653	29,957	1,794	2,543	0	59.00
60.00	06000	LABORATORY	39,479	58,025	0	4,926	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	90,610	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,653	10,793	306	916	0	65.00
66.00	06600	PHYSICAL THERAPY	13,739	157,964	2,128	13,410	0	66.00
69.00	06900	ELECTROCARDIOLOGY	35,131	23,982	640	2,036	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	7,826	0	0	0	0	75.01
76.00	03956	CARDIAC REHAB	14,783	15,793	0	1,341	0	76.00
76.01	03950	OP PSY/CDU	0	101,119	0	8,584	0	76.01
76.02	03957	RIMMS	3,130	34,060	206	2,891	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	348	4,259	0	362	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	13,000	117	1,104	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	870	50,111	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	32,696	74,870	8,929	6,356	1,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	9,913	40,991	0	3,480	0	92.01
93.00	04951	INFUSION	7,826	0	550	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	8,174	55,275	667	4,692	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	348	24,551	0	2,084	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	879,836	2,069,820	104,509	166,759	340,257	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	11,069	0	940	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	52,175	240,583	1,954	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	174	5,362	0	455	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	932,185	2,326,834	106,463	168,154	340,257	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			CAFETERIA	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNI CATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASI NG						5.03
5.05	00590	BUSI NESS OFFI CE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAI NTENANCE & REPAI RS						6.00
7.00	00700	OPERATI ON OF PLANT						7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE						8.00
9.00	00900	HOUSEKEEPI NG						9.00
10.00	01000	DI ETARY						10.00
11.00	01100	CAFETERIA	459,371					11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	21,938	146,555				13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	6,452	2,401	241,247			14.00
15.00	01500	PHARMACY	13,697	0	0	158,097		15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	240,264	16.00
17.00	01700	SOCI AL SERVI CE	14,360	0	0	0	0	17.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS A	7,938	2,954	0	0	0	22.00
23.00	02301	PARAMEDI CAL EDUCATI ON PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDI ATRI CS	111,163	46,583	0	0	12,599	30.00
31.00	03100	I NTENSIVE CARE UNI T	22,377	7,947	0	0	1,734	31.00
32.00	03200	CORONARY CARE UNI T	0	0	0	0	0	32.00
40.00	04000	SUBPROVI DER - I PF	0	4,477	0	0	675	40.00
41.00	04100	SUBPROVI DER - I RF	20,386	7,588	0	0	1,874	41.00
42.00	04200	SUBPROVI DER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,331	2,356	0	0	705	43.00
<b>ANCI LLARY SERVI CE COST CENTERS</b>								
50.00	05000	OPERATI NG ROOM	29,429	10,953	0	0	24,164	50.00
51.00	05100	RECOVERY ROOM	12,985	4,833	0	0	3,800	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	11,367	4,231	0	0	1,715	52.00
53.00	05300	ANESTHESI OLOGY	1,444	537	0	0	8,341	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	17,269	0	0	0	16,919	54.00
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	1,215	0	0	0	1,642	54.01
54.02	05404	ULTRASOUND	3,331	0	0	0	3,579	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	5,149	0	0	0	3,989	55.00
57.00	05700	CT SCAN	4,920	0	0	0	15,363	57.00
58.00	05800	MRI	1,407	0	0	0	3,903	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	7,738	2,880	0	0	12,927	59.00
60.00	06000	LABORATORY	24,044	0	0	0	30,661	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	I NTRAVENOUS THERAPY	1,175	437	0	0	1,734	64.00
65.00	06500	RESPI RATORY THERAPY	10,417	3,877	0	0	6,392	65.00
66.00	06600	PHYSI CAL THERAPY	11,416	7,830	0	0	6,486	66.00
69.00	06900	ELECTROCARDI OLOGY	16,465	6,128	241,247	0	6,076	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PAT	0	0	0	0	3,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	9,275	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	158,097	29,131	73.00
75.01	03955	RENAL DI ALYSI S (I P)	0	0	0	0	300	75.01
76.00	03956	CARDI AC REHAB	1,970	733	0	0	312	76.00
76.01	03950	OP PSY/CDU	0	3,456	0	0	2,410	76.01
76.02	03957	RIMMS	0	0	0	0	357	76.02
76.03	03951	GENETI C/OAK PLAZA CLI NICS	0	0	0	0	0	76.03
76.04	03952	PAI N CLI NI C	0	0	0	0	0	76.04
76.05	03953	DI ABETES	0	0	0	0	236	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,449	0	0	0	924	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLI NIC	0	0	0	0	130	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	31,091	11,785	0	0	20,059	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT						92.00
92.01	09202	OBSERVATI ON BEDS (DI STI NCT PART)	6,425	2,391	0	0	3,107	92.01
93.00	04951	I NFUSI ON	3,378	0	0	0	1,472	93.00
93.01	04950	COMMUNI TY HEALTH CENTERS	4,982	0	0	0	1,425	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVI CES	0	12,178	0	0	1,514	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,330	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	433,708	146,555	241,247	158,097	240,264
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	23,242	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	2,421	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	459,371	146,555	241,247	158,097	240,264

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description		I NTERN S & RESI DENTS			PARAMEDI CAL EDUCATI ON PRGM	Subtotal	
		SOCI AL SERVI CE	SERVI CES-SALAR Y & FRI NGES A	SERVI CES-OTHE R PRGM COSTS A			
		17.00	21.00	22.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNI CATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00591	PURCHASING					5.03
5.05	00590	BUSI NESS OFFICE					5.05
5.06	00592	OTHER ADMIN & GENERAL					5.06
6.00	00600	MAI NTENANCE & REPAIRS					6.00
7.00	00700	OPERATI ON OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DI ETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSI NG ADMI NI STRATI ON					13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY					16.00
17.00	01700	SOCI AL SERVI CE	100,965				17.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES A	0	0			21.00
22.00	02200	I & R SERVI CES-OTHE R PRGM COSTS A	0		29,644		22.00
23.00	02301	PARAMEDI CAL EDUCATI ON PRGM	0			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDI ATRI CS	60,041			2,598,584	30.00
31.00	03100	I NTENSI VE CARE UNI T	3,992			612,826	31.00
32.00	03200	CORONARY CARE UNI T	0			0	32.00
40.00	04000	SUBPROVI DER - I PF	0			36,967	40.00
41.00	04100	SUBPROVI DER - I RF	34,683			379,548	41.00
42.00	04200	SUBPROVI DER	0			0	42.00
43.00	04300	NURSERY	0			94,260	43.00
<b>ANCI LLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATI NG ROOM	1,827			2,556,272	50.00
51.00	05100	RECOVERY ROOM	0			214,830	51.00
52.00	05200	DELIV ERY ROOM & LABOR ROOM	0			320,427	52.00
53.00	05300	ANESTHESI OLOGY	0			138,288	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	0			1,323,445	54.00
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	0			48,117	54.01
54.02	05404	ULTRASOUND	0			132,215	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	0			670,604	55.00
57.00	05700	CT SCAN	0			210,920	57.00
58.00	05800	MRI	0			417,073	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	0			764,370	59.00
60.00	06000	LABORATORY	0			919,802	60.00
60.01	06001	BLOOD LABORATORY	0			0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0			0	62.00
64.00	06400	I NTRAVENOUS THERAPY	0			130,177	64.00
65.00	06500	RESPI RATORY THERAPY	0			332,367	65.00
66.00	06600	PHYSI CAL THERAPY	0			740,531	66.00
69.00	06900	ELECTROCARDI OLOGY	0			662,397	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PAT	0			16,308	71.00
72.00	07200	I MPL. DEV. CHARGED TO PATI ENTS	0			345,180	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0			348,814	73.00
75.01	03955	RENAL DI ALYSI S (I P)	0			12,439	75.01
76.00	03956	CARDI AC REHAB	0			92,065	76.00
76.01	03950	OP PSY/CDU	0			346,544	76.01
76.02	03957	RI MMS	0			131,675	76.02
76.03	03951	GENETI C/OAK PLAZA CLINI CS	0			0	76.03
76.04	03952	PAI N CLINI C	0			0	76.04
76.05	03953	DI ABETES	0			31,229	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0			58,623	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINI C	0			147,192	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0			0	89.00
91.00	09100	EMERGENCY	0			583,356	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT					92.00
92.01	09202	OBSERVATI ON BEDS (DI STI NCT PART)	0			159,500	92.01
93.00	04951	I NFUSI ON	0			34,800	93.00
93.01	04950	COMMUNI TY HEALTH CENTERS	0			484,705	93.01
<b>OTHER REI MBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVI CES	0			369,703	95.00
99.10	09910	CORF	0			0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00			
101.00 10100 HOME HEALTH AGENCY	0				259,808	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0				0	109.00
110.00 11000 INTESTINAL ACQUISITION	0				0	110.00
111.00 11100 ISLET ACQUISITION	0				0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100,543	0	0	0	16,725,961	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0				31,954	190.00
191.00 19100 RESEARCH	0				0	191.00
191.01 19101 SENIOR ADVAN	0				0	191.01
191.02 19102 CARE-A-VAN	0				35	191.02
192.00 19200 PHYSICIANS PRIVATE OFFICES	0				1,725,632	192.00
192.01 19201 REFERENCE LAB	0				0	192.01
192.02 19202 MEALS ON WHEELS	0				0	192.02
193.00 19300 NONPAID WORKERS	422				644,124	193.00
200.00 Cross Foot Adjustments		0	29,644	0	29,644	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	100,965	0	29,644	0	19,157,350	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/28/2016 10:04 am
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNI CATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00591	PURCHASING			5.03
5.05	00590	BUSINESS OFFICE			5.05
5.06	00592	OTHER ADMIN & GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A			22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	2,598,584	30.00
31.00	03100	INTENSIVE CARE UNIT	0	612,826	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	36,967	40.00
41.00	04100	SUBPROVIDER - I RF	0	379,548	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	94,260	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	2,556,272	50.00
51.00	05100	RECOVERY ROOM	0	214,830	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	320,427	52.00
53.00	05300	ANESTHESIOLOGY	0	138,288	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,323,445	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	48,117	54.01
54.02	05404	ULTRASOUND	0	132,215	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	670,604	55.00
57.00	05700	CT SCAN	0	210,920	57.00
58.00	05800	MRI	0	417,073	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	764,370	59.00
60.00	06000	LABORATORY	0	919,802	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	130,177	64.00
65.00	06500	RESPIRATORY THERAPY	0	332,367	65.00
66.00	06600	PHYSICAL THERAPY	0	740,531	66.00
69.00	06900	ELECTROCARDIOLOGY	0	662,397	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	16,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	345,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	348,814	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	12,439	75.01
76.00	03956	CARDIAC REHAB	0	92,065	76.00
76.01	03950	OP PSY/CDU	0	346,544	76.01
76.02	03957	RIMMS	0	131,675	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	DIABETES	0	31,229	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	58,623	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	147,192	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	583,356	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	159,500	92.01
93.00	04951	INFUSION	0	34,800	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	484,705	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	0	369,703	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	259,808	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,725,961	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	31,954	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	35	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,725,632	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	644,124	193.00
200.00		Cross Foot Adjustments	0	29,644	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	19,157,350	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,235,189			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,048	24,908,987		4.00
5.01	01160	COMMUNICATIONS	168	0	0	1,149	5.01
5.02	00550	DATA PROCESSING	9,123	2,158,958	410,486	80	942 5.02
5.03	00591	PURCHASING	18,704	255,813	169,189	15	15 5.03
5.05	00590	BUSINESS OFFICE	10,796	53,481	1,171,164	46	145 5.05
5.06	00592	OTHER ADMIN & GENERAL	50,694	180,623	2,955,844	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	563,248	471,897	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	209,447	144,468	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	4,902	134,365	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	70,734	511,422	8	6 9.00
10.00	01000	DIETARY	10,216	47,232	127,033	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	231,571	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	81,782	158,189	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	42,523	110,962	4	5 14.00
15.00	01500	PHARMACY	2,366	18,895	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	8,347	358,947	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	10,646	137,700	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	260	1,457	40,366	1	0 22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	63,775	140,323	3,238,789	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	9,127	194,035	684,436	19	17 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	16,370	223,724	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	7,999	20,829	452,264	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	5,522	257,383	4	3 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	15,693	1,592,838	884,647	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	9,240	477,100	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	117,389	348,388	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	9,033	16,384	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	759,286	810,498	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	7,068	42,739	2	1 54.01
54.02	05404	ULTRASOUND	452	66,668	97,420	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	551,282	160,115	16	11 55.00
57.00	05700	CT SCAN	575	95,665	101,992	6	8 57.00
58.00	05800	MRI	1,192	322,450	37,603	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	447,774	260,478	5	2 59.00
60.00	06000	LABORATORY	6,731	252,565	576,541	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	2,283	187,533	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	158,163	347,676	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	31,851	670,263	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	209,709	206,127	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	450,450	0	0 73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00	03956	CARDIAC REHAB	1,832	6,520	76,591	4	7 76.00
76.01	03950	OP PSY/CDU	11,730	2,231	241,964	0	12 76.01
76.02	03957	RIMMS	3,951	19,093	172,362	12	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03953	DIABETES	494	1,174	95,380	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	4,652	71,784	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	5,813	3,853	32,955	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	89,510	751,474	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	4,755	3,675	175,539	0	0 92.01
93.00	04951	INFUSION	0	2,635	94,772	0	0 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	29,569	5,230	164,534	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500	AMBULANCE SERVICES	6,412	134,112	790,972	4	7 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	2,848	60,907	660,636	19	35 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	511,562	9,055,071	20,995,116	1,049	919 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
191.01 19101	SENIOR ADVAN	0	0	0	0	0 191.01
191.02 19102	CARE-A-VAN	0	0	439	0	0 191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	64,483	180,118	3,869,688	48	0 192.00
192.01 19201	REFERENCE LAB	0	0	0	0	0 192.01
192.02 19202	MEALS ON WHEELS	0	0	0	0	0 192.02
193.00 19300	NONPAID WORKERS	36,746	0	43,744	52	23 193.00
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	9,481,112	9,676,238	28,047,401	1,079,000	11,928,963 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.439665	1.047757	1.125995	939.077459	12,663.442675 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			46,703	2,594	2,403,871 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001875	2.257615	2,551.880042 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591	32,188,017					5.03
5.05	00590	25,273	896,144,591				5.05
5.06	00592	19,660		-29,490,086	223,973,889		5.06
6.00	00600	41,928	0	0	9,821,528	5,360	6.00
7.00	00700	1,742	0	0	3,284,729	0	7.00
8.00	00800	22,517	0	0	766,325	0	8.00
9.00	00900	34,771	0	0	3,093,225	0	9.00
10.00	01000	10,946	0	0	1,785,552	0	10.00
11.00	01100	0	0	0	1,114,302	0	11.00
13.00	01300	5,387	0	0	1,725,073	0	13.00
14.00	01400	220,819	0	0	1,198,261	1	14.00
15.00	01500	508,541	0	0	1,328,860	0	15.00
16.00	01600	374	0	0	2,651,580	0	16.00
17.00	01700	729	0	0	1,391,077	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	40	0	0	1,770,743	0	22.00
23.00	02301	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	327,383	47,010,039	0	22,025,879	410	30.00
31.00	03100	224,712	6,471,278	0	4,911,549	262	31.00
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	2,517,600	0	1,993,735	3	40.00
41.00	04100	49,926	6,992,160	0	4,081,031	15	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	74,024	2,629,905	0	1,678,376	85	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,708,043	90,165,972	0	15,100,230	708	50.00
51.00	05100	105,277	14,180,186	0	3,234,956	50	51.00
52.00	05200	142,491	6,398,639	0	2,396,135	100	52.00
53.00	05300	397,373	31,123,460	0	875,001	430	53.00
54.00	05400	842,885	63,131,168	0	7,616,105	575	54.00
54.01	05401	423,571	6,125,666	0	724,118	39	54.01
54.02	05404	107,770	13,355,405	0	1,057,501	66	54.02
55.00	05500	446,893	14,882,793	0	4,356,795	63	55.00
57.00	05700	191,404	57,324,231	0	1,747,613	19	57.00
58.00	05800	80,694	14,562,564	0	986,069	24	58.00
59.00	05900	2,680,454	48,235,742	0	5,427,851	366	59.00
60.00	06000	4,989,937	114,051,177	0	11,089,228	227	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	501,191	6,468,624	0	2,025,806	521	64.00
65.00	06500	284,094	23,849,901	0	2,774,965	320	65.00
66.00	06600	160,915	24,202,737	0	5,404,397	79	66.00
69.00	06900	117,390	22,672,325	0	3,263,472	202	69.00
71.00	07100	0	11,208,402	0	968,028	0	71.00
72.00	07200	12,456,111	34,609,864	0	13,647,431	0	72.00
73.00	07300	0	108,697,480	0	14,637,924	0	73.00
75.01	03955	0	1,119,111	0	590,539	45	75.01
76.00	03956	4,873	1,162,846	0	519,356	85	76.00
76.01	03950	14,798	8,991,445	0	1,687,886	0	76.01
76.02	03957	120,578	1,332,875	0	1,084,988	18	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	2,709	878,814	0	593,364	2	76.05
76.98	07698	240,214	3,445,999	0	1,158,568	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	3,267	484,037	0	304,458	5	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	644,524	74,847,088	0	6,889,931	188	91.00
92.00	09200						92.00
92.01	09202	15,553	11,594,447	0	1,257,407	57	92.01
93.00	04951	448,513	5,492,440	0	1,106,386	45	93.00
93.01	04950	13,031	5,318,695	0	2,017,294	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	17,153	5,648,065	0	4,014,459	47	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
101.00	10100 HOME HEALTH AGENCY	58,801	4,961,411	0	4,752,930		2 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,789,279	896,144,591	-29,490,086	187,933,016	5,059	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	19,825	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	11	0	0	5,544	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	367,245	0	0	34,613,851	300	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	31,482	0	0	1,401,653	1	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,216,177	8,640,591		29,490,086	11,114,709	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.068851	0.009642		0.131668	2,073.639739	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	595,442	595,513		1,353,514	932,185	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.018499	0.000665		0.006043	173.915112	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00591						5.03
5.05	00590						5.05
5.06	00592						5.06
6.00	00600						6.00
7.00	00700	269,916					7.00
8.00	00800	3,991	167,809				8.00
9.00	00900	2,428	0	229,776			9.00
10.00	01000	10,216	1,123	10,216	1,131,689		10.00
11.00	01100	9,348	0	9,348	733,203	1,843,305	11.00
13.00	01300	0	0	0	0	88,028	13.00
14.00	01400	6,372	8,495	6,372	0	25,890	14.00
15.00	01500	2,366	0	2,366	0	54,963	15.00
16.00	01600	5,675	0	5,675	0	0	16.00
17.00	01700	531	0	531	0	57,621	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	260	0	260	0	31,852	22.00
23.00	02301	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	63,775	72,964	63,775	326,176	446,056	30.00
31.00	03100	9,127	20,799	9,127	18,582	89,793	31.00
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	7,999	12,229	7,999	50,290	81,802	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,730	0	1,730	0	25,403	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	15,693	7,847	15,693	0	118,090	50.00
51.00	05100	4,144	7,095	4,144	0	52,106	51.00
52.00	05200	5,263	0	5,263	0	45,612	52.00
53.00	05300	408	370	408	0	5,794	53.00
54.00	05400	7,475	9,633	7,475	0	69,295	54.00
54.01	05401	490	0	490	0	4,877	54.01
54.02	05404	452	0	452	0	13,368	54.02
55.00	05500	0	0	0	0	20,661	55.00
57.00	05700	575	0	575	0	19,743	57.00
58.00	05800	1,192	0	1,192	0	5,647	58.00
59.00	05900	3,475	2,828	3,475	0	31,048	59.00
60.00	06000	6,731	0	6,731	0	96,479	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	0	0	0	0	4,715	64.00
65.00	06500	1,252	483	1,252	0	41,800	65.00
66.00	06600	18,324	3,354	18,324	0	45,809	66.00
69.00	06900	2,782	1,008	2,782	0	66,070	69.00
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
75.01	03955	0	0	0	0	0	75.01
76.00	03956	1,832	0	1,832	0	7,906	76.00
76.01	03950	11,730	0	11,730	0	0	76.01
76.02	03957	3,951	324	3,951	0	0	76.02
76.03	03951	0	0	0	0	0	76.03
76.04	03952	0	0	0	0	0	76.04
76.05	03953	494	0	494	0	0	76.05
76.98	07698	1,508	185	1,508	0	5,813	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	5,813	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	8,685	14,074	8,685	3,438	124,757	91.00
92.00	09200						92.00
92.01	09202	4,755	0	4,755	0	25,782	92.01
93.00	04951	0	867	0	0	13,554	93.00
93.01	04950	0	0	0	0	19,993	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	6,412	1,051	6,412	0	0	95.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
101.00	10100 HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	240,102	164,729	227,870	1,131,689	1,740,327	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	1,284	0	1,284	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	27,908	3,080	0	0	93,264	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	622	0	622	0	9,714	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,717,223	922,188	3,533,942	2,324,637	3,039,626	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.771777	5.495462	15.379944	2.054131	1.649009	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,326,834	106,463	168,154	340,257	459,371	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.620586	0.634430	0.731817	0.300663	0.249211	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description			NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00591	PURCHASING						5.03
5.05	00590	BUSINESS OFFICE						5.05
5.06	00592	OTHER ADMIN & GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,580,016					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,890	100				14.00
15.00	01500	PHARMACY	0	0	14,106,670			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	896,144,591		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	9,560	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	31,852	0	0	0	0	22.00
23.00	02301	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	502,173	0	0	47,010,039	5,685	30.00
31.00	03100	INTENSIVE CARE UNIT	85,678	0	0	6,471,278	378	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	48,270	0	0	2,517,600	0	40.00
41.00	04100	SUBPROVIDER - I RF	81,802	0	0	6,992,160	3,284	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,403	0	0	2,629,905	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	118,090	0	0	90,165,972	173	50.00
51.00	05100	RECOVERY ROOM	52,106	0	0	14,180,186	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,612	0	0	6,398,639	0	52.00
53.00	05300	ANESTHESIOLOGY	5,794	0	0	31,123,460	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	63,131,168	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	6,125,666	0	54.01
54.02	05404	ULTRASOUND	0	0	0	13,355,405	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	14,882,793	0	55.00
57.00	05700	CT SCAN	0	0	0	57,324,231	0	57.00
58.00	05800	MRI	0	0	0	14,562,564	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,048	0	0	48,235,742	0	59.00
60.00	06000	LABORATORY	0	0	0	114,051,177	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4,715	0	0	6,468,624	0	64.00
65.00	06500	RESPIRATORY THERAPY	41,800	0	0	23,849,901	0	65.00
66.00	06600	PHYSICAL THERAPY	84,413	0	0	24,202,737	0	66.00
69.00	06900	ELECTROCARDIOLOGY	66,070	100	0	22,672,325	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	11,208,402	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	34,609,864	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,106,670	108,697,480	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	1,119,111	0	75.01
76.00	03956	CARDIAC REHAB	7,906	0	0	1,162,846	0	76.00
76.01	03950	OP PSY/CDU	37,264	0	0	8,991,445	0	76.01
76.02	03957	RIMMS	0	0	0	1,332,875	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953	DIABETES	0	0	0	878,814	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	3,445,999	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	484,037	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	127,053	0	0	74,847,088	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	25,782	0	0	11,594,447	0	92.01
93.00	04951	INFUSION	0	0	0	5,492,440	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	5,318,695	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	131,295	0	0	5,648,065	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description			NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,961,411	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,580,016	100	14,106,670	896,144,591	9,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	40	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,097,369	1,667,607	1,663,435	3,166,144	1,684,735	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.327435	16,676.070000	0.117918	0.003533	176.227510	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	146,555	241,247	158,097	240,264	100,965	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.092755	2,412.470000	0.011207	0.000268	10.561192	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 01160	COMMUNICATIONS				5.01
5.02 00550	DATA PROCESSING				5.02
5.03 00591	PURCHASING				5.03
5.05 00590	BUSINESS OFFICE				5.05
5.06 00592	OTHER ADMIN & GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		6,723		22.00
23.00 02301	PARAMEDICAL EDUCATION PRGM			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	3,608	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	514	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	153	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	92	0	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	185	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	149	0	55.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	275	0	59.00
60.00 06000	LABORATORY	0	61	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	182	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01 03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03956	CARDIAC REHAB	0	0	0	76.00
76.01 03950	OP PSY/CDU	0	0	0	76.01
76.02 03957	RIMMS	0	0	0	76.02
76.03 03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03952	PAIN CLINIC	0	0	0	76.04
76.05 03953	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	0	151	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01 09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04951	INFUSION	0	0	0	93.00
93.01 04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
99.10 09910	CORF	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	111.00
113.00 11300	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,370	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	191.00
191.01 19101	SENIOR ADVAN	0	0	0	191.01
191.02 19102	CARE-A-VAN	0	0	0	191.02
192.00 19200	PHYSICIANS PRIVATE OFFICES	0	1,353	0	192.00
192.01 19201	REFERENCE LAB	0	0	0	192.01
192.02 19202	MEALS ON WHEELS	0	0	0	192.02
193.00 19300	NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	2,106,278	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	313.294363	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	29,644	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.409341	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provi der CCN: 140186

Peri od:  
From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	31,276,397		31,276,397	0	31,276,397	30.00
31.00	03100 INTENSIVE CARE UNIT	6,871,353		6,871,353	3,239	6,874,592	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	2,335,437		2,335,437	0	2,335,437	40.00
41.00	04100 SUBPROVIDER - I RF	5,900,080		5,900,080	0	5,900,080	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,210,957		2,210,957	0	2,210,957	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	19,757,716		19,757,716	149,350	19,907,066	50.00
51.00	05100 RECOVERY ROOM	4,129,561		4,129,561	0	4,129,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,230,787		3,230,787	0	3,230,787	52.00
53.00	05300 ANESTHESIOLOGY	2,023,007		2,023,007	0	2,023,007	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,419,402		10,419,402	0	10,419,402	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	944,301		944,301	0	944,301	54.01
54.02	05404 ULTRASOUND	1,416,006		1,416,006	0	1,416,006	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,147,735		5,147,735	0	5,147,735	55.00
57.00	05700 CT SCAN	2,268,962		2,268,962	0	2,268,962	57.00
58.00	05800 MRI	1,261,181		1,261,181	0	1,261,181	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,281,149		7,281,149	0	7,281,149	59.00
60.00	06000 LABORATORY	13,778,362		13,778,362	26,114	13,804,476	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,409,794		3,409,794	0	3,409,794	64.00
65.00	06500 RESPIRATORY THERAPY	4,051,734	0	4,051,734	0	4,051,734	65.00
66.00	06600 PHYSICAL THERAPY	7,105,509	0	7,105,509	0	7,105,509	66.00
69.00	06900 ELECTROCARDIOLOGY	6,143,043		6,143,043	0	6,143,043	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,135,085		1,135,085	0	1,135,085	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,566,638		15,566,638	0	15,566,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,612,733		18,612,733	0	18,612,733	73.00
75.01	03955 RENAL DIALYSIS (IP)	765,562		765,562	0	765,562	75.01
76.00	03956 CARDIAC REHAB	845,044		845,044	0	845,044	76.00
76.01	03950 OP PSY/CDU	2,333,310		2,333,310	0	2,333,310	76.01
76.02	03957 RIMMS	1,386,840		1,386,840	0	1,386,840	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	693,144		693,144	0	693,144	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,377,853		1,377,853	4,175	1,382,028	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	436,678		436,678	0	436,678	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	9,163,361		9,163,361	0	9,163,361	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	750,106		750,106	0	750,106	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,797,483		1,797,483	0	1,797,483	92.01
93.00	04951 INFUSION	1,391,897		1,391,897	0	1,391,897	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	2,334,667		2,334,667	0	2,334,667	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	5,027,434		5,027,434	0	5,027,434	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,483,439		5,483,439	0	5,483,439	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	210,063,747	0	210,063,747	182,878	210,246,625	200.00
201.00	Less Observation Beds	750,106		750,106	0	750,106	201.00
202.00	Total (see instructions)	209,313,641	0	209,313,641	182,878	209,496,519	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provi der CCN: 140186

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	36,935,815		36,935,815		30.00
31.00	03100	INTENSIVE CARE UNIT	6,471,278		6,471,278		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - I/PF	2,517,600		2,517,600		40.00
41.00	04100	SUBPROVIDER - I/RF	6,992,160		6,992,160		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,629,905		2,629,905		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,888,633	50,277,339	90,165,972	0.219126	50.00
51.00	05100	RECOVERY ROOM	5,678,296	8,501,890	14,180,186	0.291221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,805,105	1,593,534	6,398,639	0.504918	52.00
53.00	05300	ANESTHESIOLOGY	17,803,888	13,319,572	31,123,460	0.064999	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,051,765	56,079,403	63,131,168	0.165044	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,306,759	4,818,907	6,125,666	0.154155	54.01
54.02	05402	ULTRASOUND	3,091,374	10,264,031	13,355,405	0.106025	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	80,215	14,802,578	14,882,793	0.345885	55.00
57.00	05700	CT SCAN	18,318,644	39,005,587	57,324,231	0.039581	57.00
58.00	05800	MRI	3,217,863	11,344,701	14,562,564	0.086604	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,808,239	31,427,503	48,235,742	0.150949	59.00
60.00	06000	LABORATORY	36,711,545	77,339,632	114,051,177	0.120809	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,364,718	1,103,906	6,468,624	0.527128	64.00
65.00	06500	RESPIRATORY THERAPY	17,862,754	5,987,147	23,849,901	0.169885	65.00
66.00	06600	PHYSICAL THERAPY	14,698,848	9,503,889	24,202,737	0.293583	66.00
69.00	06900	ELECTROCARDIOLOGY	6,296,742	16,375,583	22,672,325	0.270949	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,672,103	5,536,299	11,208,402	0.101271	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,291,270	14,318,594	34,609,864	0.449775	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,391,061	77,306,419	108,697,480	0.171234	73.00
75.01	03955	RENAL DIALYSIS (IP)	1,119,111	0	1,119,111	0.684080	75.01
76.00	03956	CARDIAC REHAB	178,304	984,542	1,162,846	0.726703	76.00
76.01	03950	OP PSY/CDU	2,000	8,989,445	8,991,445	0.259503	76.01
76.02	03957	RIMMS	0	1,332,875	1,332,875	1.040488	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03953	DIABETES	2,213	876,601	878,814	0.788727	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,170,614	2,275,385	3,445,999	0.399841	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	484,037	484,037		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	17,737,007	57,110,081	74,847,088	0.122428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	4,878,392	5,195,832	10,074,224	0.074458	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,491,254	8,103,193	11,594,447	0.155030	92.01
93.00	04951	INFUSION	70,000	5,422,440	5,492,440	0.253421	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	5,318,695	5,318,695	0.438955	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	348,211	5,299,854	5,648,065	0.890116	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	4,961,411	4,961,411		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	340,883,686	555,260,905	896,144,591		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	340,883,686	555,260,905	896,144,591		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140186

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.220782			50.00
51.00	05100 RECOVERY ROOM	0.291221			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.504918			52.00
53.00	05300 ANESTHESIOLOGY	0.064999			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165044			54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.154155			54.01
54.02	05404 ULTRASOUND	0.106025			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.345885			55.00
57.00	05700 CT SCAN	0.039581			57.00
58.00	05800 MRI	0.086604			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150949			59.00
60.00	06000 LABORATORY	0.121038			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
64.00	06400 INTRAVENOUS THERAPY	0.527128			64.00
65.00	06500 RESPIRATORY THERAPY	0.169885			65.00
66.00	06600 PHYSICAL THERAPY	0.293583			66.00
69.00	06900 ELECTROCARDIOLOGY	0.270949			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.101271			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449775			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171234			73.00
75.01	03955 RENAL DIALYSIS (IP)	0.684080			75.01
76.00	03956 CARDIAC REHAB	0.726703			76.00
76.01	03950 OP PSY/CDU	0.259503			76.01
76.02	03957 RIMMS	1.040488			76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000			76.03
76.04	03952 PAIN CLINIC	0.000000			76.04
76.05	03953 DIABETES	0.788727			76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.401053			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
91.00	09100 EMERGENCY	0.122428			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.074458			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.155030			92.01
93.00	04951 INFUSION	0.253421			93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.438955			93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0.890116			95.00
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
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

Provi der CCN: 140186

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	31,276,397		31,276,397	0	31,276,397	30.00
31.00	03100 INTENSIVE CARE UNIT	6,871,353		6,871,353	3,239	6,874,592	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000 SUBPROVIDER - I PF	2,335,437		2,335,437	0	2,335,437	40.00
41.00	04100 SUBPROVIDER - I RF	5,900,080		5,900,080	0	5,900,080	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,210,957		2,210,957	0	2,210,957	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	19,757,716		19,757,716	149,350	19,907,066	50.00
51.00	05100 RECOVERY ROOM	4,129,561		4,129,561	0	4,129,561	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,230,787		3,230,787	0	3,230,787	52.00
53.00	05300 ANESTHESIOLOGY	2,023,007		2,023,007	0	2,023,007	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,419,402		10,419,402	0	10,419,402	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	944,301		944,301	0	944,301	54.01
54.02	05404 ULTRASOUND	1,416,006		1,416,006	0	1,416,006	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,147,735		5,147,735	0	5,147,735	55.00
57.00	05700 CT SCAN	2,268,962		2,268,962	0	2,268,962	57.00
58.00	05800 MRI	1,261,181		1,261,181	0	1,261,181	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,281,149		7,281,149	0	7,281,149	59.00
60.00	06000 LABORATORY	13,778,362		13,778,362	26,114	13,804,476	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,409,794		3,409,794	0	3,409,794	64.00
65.00	06500 RESPIRATORY THERAPY	4,051,734	0	4,051,734	0	4,051,734	65.00
66.00	06600 PHYSICAL THERAPY	7,105,509	0	7,105,509	0	7,105,509	66.00
69.00	06900 ELECTROCARDIOLOGY	6,143,043		6,143,043	0	6,143,043	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	1,135,085		1,135,085	0	1,135,085	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,566,638		15,566,638	0	15,566,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,612,733		18,612,733	0	18,612,733	73.00
75.01	03955 RENAL DIALYSIS (IP)	765,562		765,562	0	765,562	75.01
76.00	03956 CARDIAC REHAB	845,044		845,044	0	845,044	76.00
76.01	03950 OP PSY/CDU	2,333,310		2,333,310	0	2,333,310	76.01
76.02	03957 RIMMS	1,386,840		1,386,840	0	1,386,840	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03952 PAIN CLINIC	0		0	0	0	76.04
76.05	03953 DIABETES	693,144		693,144	0	693,144	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,377,853		1,377,853	4,175	1,382,028	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	436,678		436,678	0	436,678	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	9,163,361		9,163,361	0	9,163,361	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	750,106		750,106	0	750,106	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	1,797,483		1,797,483	0	1,797,483	92.01
93.00	04951 INFUSION	1,391,897		1,391,897	0	1,391,897	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	2,334,667		2,334,667	0	2,334,667	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	5,027,434		5,027,434	0	5,027,434	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,483,439		5,483,439	0	5,483,439	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	210,063,747	0	210,063,747	182,878	210,246,625	200.00
201.00	Less Observation Beds	750,106		750,106	0	750,106	201.00
202.00	Total (see instructions)	209,313,641	0	209,313,641	182,878	209,496,519	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provi der CCN: 140186

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	36,935,815		36,935,815				30.00
31.00	03100	INTENSIVE CARE UNIT	6,471,278		6,471,278				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
40.00	04000	SUBPROVIDER - I/PF	2,517,600		2,517,600				40.00
41.00	04100	SUBPROVIDER - I/RF	6,992,160		6,992,160				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,629,905		2,629,905				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	39,888,633	50,277,339	90,165,972	0.219126	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,678,296	8,501,890	14,180,186	0.291221	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,805,105	1,593,534	6,398,639	0.504918	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	17,803,888	13,319,572	31,123,460	0.064999	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,051,765	56,079,403	63,131,168	0.165044	0.000000		54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,306,759	4,818,907	6,125,666	0.154155	0.000000		54.01
54.02	05402	ULTRASOUND	3,091,374	10,264,031	13,355,405	0.106025	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	80,215	14,802,578	14,882,793	0.345885	0.000000		55.00
57.00	05700	CT SCAN	18,318,644	39,005,587	57,324,231	0.039581	0.000000		57.00
58.00	05800	MRI	3,217,863	11,344,701	14,562,564	0.086604	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,808,239	31,427,503	48,235,742	0.150949	0.000000		59.00
60.00	06000	LABORATORY	36,711,545	77,339,632	114,051,177	0.120809	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	5,364,718	1,103,906	6,468,624	0.527128	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	17,862,754	5,987,147	23,849,901	0.169885	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	14,698,848	9,503,889	24,202,737	0.293583	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	6,296,742	16,375,583	22,672,325	0.270949	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	5,672,103	5,536,299	11,208,402	0.101271	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,291,270	14,318,594	34,609,864	0.449775	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,391,061	77,306,419	108,697,480	0.171234	0.000000		73.00
75.01	03955	RENAL DIALYSIS (IP)	1,119,111	0	1,119,111	0.684080	0.000000		75.01
76.00	03956	CARDIAC REHAB	178,304	984,542	1,162,846	0.726703	0.000000		76.00
76.01	03950	OP PSY/CDU	2,000	8,989,445	8,991,445	0.259503	0.000000		76.01
76.02	03957	RIMMS	0	1,332,875	1,332,875	1.040488	0.000000		76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000		76.03
76.04	03952	PAIN CLINIC	0	0	0	0.000000	0.000000		76.04
76.05	03953	DIABETES	2,213	876,601	878,814	0.788727	0.000000		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,170,614	2,275,385	3,445,999	0.399841	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	484,037	484,037	0.902158	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
91.00	09100	EMERGENCY	17,737,007	57,110,081	74,847,088	0.122428	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	4,878,392	5,195,832	10,074,224	0.074458	0.000000		92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	3,491,254	8,103,193	11,594,447	0.155030	0.000000		92.01
93.00	04951	INFUSION	70,000	5,422,440	5,492,440	0.253421	0.000000		93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	5,318,695	5,318,695	0.438955	0.000000		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	348,211	5,299,854	5,648,065	0.890116	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	0	4,961,411	4,961,411				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	340,883,686	555,260,905	896,144,591				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	340,883,686	555,260,905	896,144,591				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140186

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I/PF				40.00
41.00	04100 SUBPROVIDER - I/RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000			54.01
54.02	05404 ULTRASOUND	0.000000			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000			62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.01	03955 RENAL DIALYSIS (IP)	0.000000			75.01
76.00	03956 CARDIAC REHAB	0.000000			76.00
76.01	03950 OP PSY/CDU	0.000000			76.01
76.02	03957 RIMMS	0.000000			76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000			76.03
76.04	03952 PAIN CLINIC	0.000000			76.04
76.05	03953 DIABETES	0.000000			76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.000000			92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
93.00	04951 INFUSION	0.000000			93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
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: 140186

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,598,584	0	2,598,584	43,322	59.98	30.00
31.00	INTENSIVE CARE UNIT	612,826		612,826	4,529	135.31	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	36,967	0	36,967	2,101	17.59	40.00
41.00	SUBPROVIDER - IRF	379,548	0	379,548	8,323	45.60	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	94,260		94,260	2,647	35.61	43.00
200.00	Total (Lines 30-199)	3,722,185		3,722,185	60,922		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,207	852,136				
31.00	INTENSIVE CARE UNIT	2,750	372,103				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,520	26,737				
41.00	SUBPROVIDER - IRF	6,405	292,068				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	24,882	1,543,044				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,556,272	90,165,972	0.028351	17,244,627	488,902	50.00
51.00	05100	RECOVERY ROOM	214,830	14,180,186	0.015150	2,267,343	34,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	320,427	6,398,639	0.050077	875	44	52.00
53.00	05300	ANESTHESIOLOGY	138,288	31,123,460	0.004443	7,168,101	31,848	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,323,445	63,131,168	0.020963	3,964,662	83,111	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	48,117	6,125,666	0.007855	825,373	6,483	54.01
54.02	05404	ULTRASOUND	132,215	13,355,405	0.009900	1,592,184	15,763	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	670,604	14,882,793	0.045059	79,368	3,576	55.00
57.00	05700	CT SCAN	210,920	57,324,231	0.003679	8,429,074	31,011	57.00
58.00	05800	MRI	417,073	14,562,564	0.028640	1,419,492	40,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,370	48,235,742	0.015847	9,120,393	144,531	59.00
60.00	06000	LABORATORY	919,802	114,051,177	0.008065	17,456,712	140,788	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	130,177	6,468,624	0.020124	295,371	5,944	64.00
65.00	06500	RESPIRATORY THERAPY	332,367	23,849,901	0.013936	9,826,610	136,944	65.00
66.00	06600	PHYSICAL THERAPY	740,531	24,202,737	0.030597	2,376,298	72,708	66.00
69.00	06900	ELECTROCARDIOLOGY	662,397	22,672,325	0.029216	3,537,657	103,356	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,308	11,208,402	0.001455	3,361,256	4,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,180	34,609,864	0.009973	10,307,636	102,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	348,814	108,697,480	0.003209	19,374,708	62,173	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,439	1,119,111	0.011115	642,868	7,145	75.01
76.00	03956	CARDIAC REHAB	92,065	1,162,846	0.079172	105,276	8,335	76.00
76.01	03950	OP PSY/CDU	346,544	8,991,445	0.038542	1,492	58	76.01
76.02	03957	RIMMS	131,675	1,332,875	0.098790	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,229	878,814	0.035535	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,623	3,445,999	0.017012	675,137	11,485	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	147,192	484,037	0.304092	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	583,356	74,847,088	0.007794	8,960,661	69,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	62,323	10,074,224	0.006186	1,562,268	9,664	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	159,500	11,594,447	0.013757	3,020,489	41,553	92.01
93.00	04951	INFUSION	34,800	5,492,440	0.006336	69,283	439	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	484,705	5,318,695	0.091132	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,436,588	829,988,357		133,685,214	1,658,393	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/28/2016 10:04 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	43,322	0.00	14,207	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,529	0.00	2,750	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	2,101	0.00	1,520	0		40.00
41.00	04100	SUBPROVIDER - IRF	8,323	0.00	6,405	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,647	0.00	0	0		43.00
200.00		Total (lines 30-199)	60,922		24,882	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01	
54.02	05404	ULTRASOUND	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	0	75.01	
76.00	03956	CARDIAC REHAB	0	0	0	0	76.00	
76.01	03950	OP PSY/CDU	0	0	0	0	76.01	
76.02	03957	RI MMS	0	0	0	0	76.02	
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03	
76.04	03952	PAIN CLINIC	0	0	0	0	76.04	
76.05	03953	DIABETES	0	0	0	0	76.05	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00	
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
93.00	04951	INFUSION	0	0	0	0	93.00	
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	90,165,972	0.000000	0.000000	17,244,627	50.00
51.00	05100	RECOVERY ROOM	0	14,180,186	0.000000	0.000000	2,267,343	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,398,639	0.000000	0.000000	875	52.00
53.00	05300	ANESTHESIOLOGY	0	31,123,460	0.000000	0.000000	7,168,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,131,168	0.000000	0.000000	3,964,662	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	6,125,666	0.000000	0.000000	825,373	54.01
54.02	05404	ULTRASOUND	0	13,355,405	0.000000	0.000000	1,592,184	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,882,793	0.000000	0.000000	79,368	55.00
57.00	05700	CT SCAN	0	57,324,231	0.000000	0.000000	8,429,074	57.00
58.00	05800	MRI	0	14,562,564	0.000000	0.000000	1,419,492	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	48,235,742	0.000000	0.000000	9,120,393	59.00
60.00	06000	LABORATORY	0	114,051,177	0.000000	0.000000	17,456,712	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	6,468,624	0.000000	0.000000	295,371	64.00
65.00	06500	RESPIRATORY THERAPY	0	23,849,901	0.000000	0.000000	9,826,610	65.00
66.00	06600	PHYSICAL THERAPY	0	24,202,737	0.000000	0.000000	2,376,298	66.00
69.00	06900	ELECTROCARDIOLOGY	0	22,672,325	0.000000	0.000000	3,537,657	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	11,208,402	0.000000	0.000000	3,361,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,609,864	0.000000	0.000000	10,307,636	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	108,697,480	0.000000	0.000000	19,374,708	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	1,119,111	0.000000	0.000000	642,868	75.01
76.00	03956	CARDIAC REHAB	0	1,162,846	0.000000	0.000000	105,276	76.00
76.01	03950	OP PSY/CDU	0	8,991,445	0.000000	0.000000	1,492	76.01
76.02	03957	RIMMS	0	1,332,875	0.000000	0.000000	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953	DIABETES	0	878,814	0.000000	0.000000	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	3,445,999	0.000000	0.000000	675,137	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	484,037	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100	EMERGENCY	0	74,847,088	0.000000	0.000000	8,960,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	10,074,224	0.000000	0.000000	1,562,268	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	11,594,447	0.000000	0.000000	3,020,489	92.01
93.00	04951	INFUSION	0	5,492,440	0.000000	0.000000	69,283	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	5,318,695	0.000000	0.000000	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	829,988,357			133,685,214	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	18,063,128	0	50.00
51.00	05100	RECOVERY ROOM	0	2,384,051	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	4,064,034	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,969,399	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,937,978	0	54.01
54.02	05404	ULTRASOUND	0	2,431,830	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,138,761	0	55.00
57.00	05700	CT SCAN	0	12,822,645	0	57.00
58.00	05800	MRI	0	3,155,532	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,748,215	0	59.00
60.00	06000	LABORATORY	0	10,620,227	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	625,466	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,233,036	0	65.00
66.00	06600	PHYSICAL THERAPY	0	82,153	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,947,040	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	3,410,656	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,856,497	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,382,820	0	73.00
75.01	03955	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0	631,379	0	76.00
76.01	03950	OP PSY/CDU	0	315,336	0	76.01
76.02	03957	RIMMS	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	76.04
76.05	03953	DIABETES	0	118,252	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	1,085,196	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100	EMERGENCY	0	11,577,995	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	1,995,336	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0	4,367,222	0	92.01
93.00	04951	INFUSION	0	2,697,224	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Total (lines 50-199)	0	188,661,408	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 10:05 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.219126	18,063,128	0	720	3,958,101 50.00
51.00	05100 RECOVERY ROOM	0.291221	2,384,051	0	0	694,286 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.504918	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.064999	4,064,034	0	133	264,158 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165044	20,969,399	129	1,213	3,460,873 54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.154155	1,937,978	0	0	298,749 54.01
54.02	05404 ULTRASOUND	0.106025	2,431,830	0	0	257,835 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.345885	5,138,761	358	0	1,777,420 55.00
57.00	05700 CT SCAN	0.039581	12,822,645	0	2,901	507,533 57.00
58.00	05800 MRI	0.086604	3,155,532	0	0	273,282 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150949	20,748,215	0	2,010	3,131,922 59.00
60.00	06000 LABORATORY	0.120809	10,620,227	5,856	0	1,283,019 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.527128	625,466	0	2,086	329,701 64.00
65.00	06500 RESPIRATORY THERAPY	0.169885	2,233,036	0	0	379,359 65.00
66.00	06600 PHYSICAL THERAPY	0.293583	82,153	0	0	24,119 66.00
69.00	06900 ELECTROCARDIOLOGY	0.270949	7,947,040	0	133	2,153,243 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.101271	3,410,656	0	0	345,401 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.449775	8,856,497	0	0	3,983,431 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171234	40,382,820	0	39,955	6,914,912 73.00
75.01	03955 RENAL DIALYSIS (IP)	0.684080	0	0	0	0 75.01
76.00	03956 CARDIAC REHAB	0.726703	631,379	0	0	458,825 76.00
76.01	03950 OP PSY/CDU	0.259503	315,336	0	0	81,831 76.01
76.02	03957 RIMMS	1.040488	0	0	0	0 76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0 76.03
76.04	03952 PAIN CLINIC	0.000000	0	0	0	0 76.04
76.05	03953 DIABETES	0.788727	118,252	0	0	93,269 76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.399841	1,085,196	0	0	433,906 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
91.00	09100 EMERGENCY	0.122428	11,577,995	0	133	1,417,471 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0.074458	1,995,336	0	0	148,569 92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0.155030	4,367,222	0	0	677,050 92.01
93.00	04951 INFUSION	0.253421	2,697,224	58	0	683,533 93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0.438955	0	0	0	0 93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.890116		0		0 95.00
200.00	Subtotal (see instructions)		188,661,408	6,401	49,284	34,031,798 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		188,661,408	6,401	49,284	34,031,798 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 10:05 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	158		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	9		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21	200		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	124	0		55.00
57.00 05700 CT SCAN	0	115		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	303		59.00
60.00 06000 LABORATORY	707	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	1,100		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	36		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,842		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	16		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	15	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	867	8,779		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	867	8,779		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186 Component CCN: 14S186		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/28/2016 10:04 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,556,272	90,165,972	0.028351	17,877	507	50.00
51.00	05100	RECOVERY ROOM	214,830	14,180,186	0.015150	4,789	73	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	320,427	6,398,639	0.050077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	138,288	31,123,460	0.004443	5,751	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,323,445	63,131,168	0.020963	35,702	748	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	48,117	6,125,666	0.007855	0	0	54.01
54.02	05404	ULTRASOUND	132,215	13,355,405	0.009900	25,853	256	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	670,604	14,882,793	0.045059	612	28	55.00
57.00	05700	CT SCAN	210,920	57,324,231	0.003679	90,470	333	57.00
58.00	05800	MRI	417,073	14,562,564	0.028640	9,397	269	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,370	48,235,742	0.015847	3,709	59	59.00
60.00	06000	LABORATORY	919,802	114,051,177	0.008065	495,438	3,996	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	130,177	6,468,624	0.020124	2,351	47	64.00
65.00	06500	RESPIRATORY THERAPY	332,367	23,849,901	0.013936	85,522	1,192	65.00
66.00	06600	PHYSICAL THERAPY	740,531	24,202,737	0.030597	55,598	1,701	66.00
69.00	06900	ELECTROCARDIOLOGY	662,397	22,672,325	0.029216	42,979	1,256	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,308	11,208,402	0.001455	17,005	25	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,180	34,609,864	0.009973	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	348,814	108,697,480	0.003209	572,083	1,836	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,439	1,119,111	0.011115	0	0	75.01
76.00	03956	CARDIAC REHAB	92,065	1,162,846	0.079172	335	27	76.00
76.01	03950	OP PSY/CDU	346,544	8,991,445	0.038542	373	14	76.01
76.02	03957	RIMMS	131,675	1,332,875	0.098790	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,229	878,814	0.035535	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,623	3,445,999	0.017012	9,050	154	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	147,192	484,037	0.304092	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	583,356	74,847,088	0.007794	197,245	1,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	10,074,224	0.000000	9,286	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	159,500	11,594,447	0.013757	18,171	250	92.01
93.00	04951	INFUSION	34,800	5,492,440	0.006336	327	2	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	484,705	5,318,695	0.091132	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	12,374,265	829,988,357		1,699,923	14,336	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14S186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14S186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	90,165,972	0.000000	0.000000	17,877	50.00
51.00	05100 RECOVERY ROOM	0	14,180,186	0.000000	0.000000	4,789	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,398,639	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	31,123,460	0.000000	0.000000	5,751	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	63,131,168	0.000000	0.000000	35,702	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,125,666	0.000000	0.000000	0	54.01
54.02	05404 ULTRASOUND	0	13,355,405	0.000000	0.000000	25,853	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,882,793	0.000000	0.000000	612	55.00
57.00	05700 CT SCAN	0	57,324,231	0.000000	0.000000	90,470	57.00
58.00	05800 MRI	0	14,562,564	0.000000	0.000000	9,397	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,235,742	0.000000	0.000000	3,709	59.00
60.00	06000 LABORATORY	0	114,051,177	0.000000	0.000000	495,438	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	6,468,624	0.000000	0.000000	2,351	64.00
65.00	06500 RESPIRATORY THERAPY	0	23,849,901	0.000000	0.000000	85,522	65.00
66.00	06600 PHYSICAL THERAPY	0	24,202,737	0.000000	0.000000	55,598	66.00
69.00	06900 ELECTROCARDIOLOGY	0	22,672,325	0.000000	0.000000	42,979	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	11,208,402	0.000000	0.000000	17,005	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,609,864	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	108,697,480	0.000000	0.000000	572,083	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	1,119,111	0.000000	0.000000	0	75.01
76.00	03956 CARDIAC REHAB	0	1,162,846	0.000000	0.000000	335	76.00
76.01	03950 OP PSY/CDU	0	8,991,445	0.000000	0.000000	373	76.01
76.02	03957 RIMMS	0	1,332,875	0.000000	0.000000	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953 DIABETES	0	878,814	0.000000	0.000000	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	3,445,999	0.000000	0.000000	9,050	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	484,037	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	74,847,088	0.000000	0.000000	197,245	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	10,074,224	0.000000	0.000000	9,286	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	11,594,447	0.000000	0.000000	18,171	92.01
93.00	04951 INFUSION	0	5,492,440	0.000000	0.000000	327	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	5,318,695	0.000000	0.000000	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	829,988,357			1,699,923	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14S186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	0	42	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 INFUSION	0	1	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	46	0	95.00
200.00	Total (Lines 50-199)	0	46	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 10:05 am
		Component CCN: 14S186		
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.219126	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.291221	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.504918	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064999	0	0	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165044	0	0	4	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.154155	0	0	0	54.01
54.02	05404	ULTRASOUND	0.106025	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.345885	0	0	0	55.00
57.00	05700	CT SCAN	0.039581	0	0	41	57.00
58.00	05800	MRI	0.086604	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150949	0	0	26	59.00
60.00	06000	LABORATORY	0.120809	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.527128	0	0	48	64.00
65.00	06500	RESPIRATORY THERAPY	0.169885	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.293583	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.270949	0	0	4	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.101271	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449775	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171234	3	0	241	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.684080	0	0	0	75.01
76.00	03956	CARDIAC REHAB	0.726703	0	0	0	76.00
76.01	03950	OP PSY/CDU	0.259503	0	0	0	76.01
76.02	03957	RIMMS	1.040488	0	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	0	0	76.04
76.05	03953	DIABETES	0.788727	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.399841	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	09100	EMERGENCY	0.122428	42	0	4	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.074458	0	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.155030	0	0	0	92.01
93.00	04951	INFUSION	0.253421	1	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.438955	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0.890116		0		95.00
200.00		Subtotal (see instructions)		46	0	372	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		46	0	372	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/28/2016 10:05 am
	Component CCN: 14S186	Title XVII I	Subprovider - IPF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	2		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	25		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	1		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	41		73.00
75.01 03955 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03956 CARDIAC REHAB	0	0		76.00
76.01 03950 OP PSY/CDU	0	0		76.01
76.02 03957 RIMMS	0	0		76.02
76.03 03951 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
92.01 09202 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04951 INFUSION	0	0		93.00
93.01 04950 COMMUNITY HEALTH CENTERS	0	0		93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	74	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	74	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/28/2016 10:04 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,556,272	90,165,972	0.028351	200,717	5,691	50.00
51.00	05100	RECOVERY ROOM	214,830	14,180,186	0.015150	23,808	361	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	320,427	6,398,639	0.050077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	138,288	31,123,460	0.004443	63,815	284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,323,445	63,131,168	0.020963	140,486	2,945	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	48,117	6,125,666	0.007855	22,948	180	54.01
54.02	05404	ULTRASOUND	132,215	13,355,405	0.009900	120,247	1,190	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	670,604	14,882,793	0.045059	230	10	55.00
57.00	05700	CT SCAN	210,920	57,324,231	0.003679	311,273	1,145	57.00
58.00	05800	MRI	417,073	14,562,564	0.028640	91,479	2,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	764,370	48,235,742	0.015847	29,943	475	59.00
60.00	06000	LABORATORY	919,802	114,051,177	0.008065	1,074,889	8,669	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	130,177	6,468,624	0.020124	120,492	2,425	64.00
65.00	06500	RESPIRATORY THERAPY	332,367	23,849,901	0.013936	1,021,105	14,230	65.00
66.00	06600	PHYSICAL THERAPY	740,531	24,202,737	0.030597	8,310,267	254,269	66.00
69.00	06900	ELECTROCARDIOLOGY	662,397	22,672,325	0.029216	100,740	2,943	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	16,308	11,208,402	0.001455	295,270	430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	345,180	34,609,864	0.009973	68,154	680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	348,814	108,697,480	0.003209	1,865,811	5,987	73.00
75.01	03955	RENAL DIALYSIS (IP)	12,439	1,119,111	0.011115	139,890	1,555	75.01
76.00	03956	CARDIAC REHAB	92,065	1,162,846	0.079172	382	30	76.00
76.01	03950	OP PSY/CDU	346,544	8,991,445	0.038542	0	0	76.01
76.02	03957	RIMMS	131,675	1,332,875	0.098790	0	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03953	DIABETES	31,229	878,814	0.035535	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,623	3,445,999	0.017012	155,891	2,652	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	147,192	484,037	0.304092	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	583,356	74,847,088	0.007794	88,739	692	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	10,074,224	0.000000	0	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	159,500	11,594,447	0.013757	452,267	6,222	92.01
93.00	04951	INFUSION	34,800	5,492,440	0.006336	0	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	484,705	5,318,695	0.091132	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	12,374,265	829,988,357		14,698,843	315,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	90,165,972	0.000000	0.000000	200,717	50.00
51.00	05100 RECOVERY ROOM	0	14,180,186	0.000000	0.000000	23,808	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,398,639	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	31,123,460	0.000000	0.000000	63,815	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	63,131,168	0.000000	0.000000	140,486	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	6,125,666	0.000000	0.000000	22,948	54.01
54.02	05404 ULTRASOUND	0	13,355,405	0.000000	0.000000	120,247	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,882,793	0.000000	0.000000	230	55.00
57.00	05700 CT SCAN	0	57,324,231	0.000000	0.000000	311,273	57.00
58.00	05800 MRI	0	14,562,564	0.000000	0.000000	91,479	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	48,235,742	0.000000	0.000000	29,943	59.00
60.00	06000 LABORATORY	0	114,051,177	0.000000	0.000000	1,074,889	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	6,468,624	0.000000	0.000000	120,492	64.00
65.00	06500 RESPIRATORY THERAPY	0	23,849,901	0.000000	0.000000	1,021,105	65.00
66.00	06600 PHYSICAL THERAPY	0	24,202,737	0.000000	0.000000	8,310,267	66.00
69.00	06900 ELECTROCARDIOLOGY	0	22,672,325	0.000000	0.000000	100,740	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	11,208,402	0.000000	0.000000	295,270	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,609,864	0.000000	0.000000	68,154	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	108,697,480	0.000000	0.000000	1,865,811	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	1,119,111	0.000000	0.000000	139,890	75.01
76.00	03956 CARDIAC REHAB	0	1,162,846	0.000000	0.000000	382	76.00
76.01	03950 OP PSY/CDU	0	8,991,445	0.000000	0.000000	0	76.01
76.02	03957 RIMMS	0	1,332,875	0.000000	0.000000	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03952 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03953 DIABETES	0	878,814	0.000000	0.000000	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	3,445,999	0.000000	0.000000	155,891	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	484,037	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	74,847,088	0.000000	0.000000	88,739	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	10,074,224	0.000000	0.000000	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	11,594,447	0.000000	0.000000	452,267	92.01
93.00	04951 INFUSION	0	5,492,440	0.000000	0.000000	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	5,318,695	0.000000	0.000000	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	829,988,357			14,698,843	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/28/2016 10:04 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.01	03955 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00	03956 CARDIAC REHAB	0	0	0	76.00
76.01	03950 OP PSY/CDU	0	0	0	76.01
76.02	03957 RIMMS	0	0	0	76.02
76.03	03951 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	76.04
76.05	03953 DIABETES	0	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01	09202 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00	04951 INFUSION	0	0	0	93.00
93.01	04950 COMMUNITY HEALTH CENTERS	0	0	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 140186	Peri od: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/28/2016 10:04 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,322	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,322	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		42,283	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,207	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)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		31,276,397	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)		31,276,397	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		31,276,397	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		721.95	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,256,744	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,256,744	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 140186		Peri od: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	6,874,592	4,529	1,517.91	2,750	4,174,253	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					24,120,004	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,551,001	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,224,239	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,658,393	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,882,632	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,668,369	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					1,039	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					721.95	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					750,106	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 10:04 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,598,584	31,276,397	0.083085	750,106	62,323	90.00
91.00	Nursing School cost	0	31,276,397	0.000000	750,106	0	91.00
92.00	Allied health cost	0	31,276,397	0.000000	750,106	0	92.00
93.00	All other Medical Education	0	31,276,397	0.000000	750,106	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14S186		Date/Time Prepared: 5/28/2016 10:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,101	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,101	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,101	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,520	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,335,437	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)		2,335,437	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,335,437	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,111.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,689,602	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,689,602	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 14S186				Date/Time Prepared: 5/28/2016 10:04 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					254,610		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,944,212		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					26,737		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,336		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					41,073		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,903,139		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186 Component CCN: 14S186		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 10:04 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	36,967	2,335,437	0.015829	0	0	90.00
91.00	Nursing School cost	0	2,335,437	0.000000	0	0	91.00
92.00	Allied health cost	0	2,335,437	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,335,437	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 14T186		Date/Time Prepared: 5/28/2016 10:04 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,323	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,323	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,323	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)		6,405	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,900,080	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,900,080	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,900,080	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		708.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,540,440	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)		4,540,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 14T186				Date/Time Prepared: 5/28/2016 10:04 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)					3,573,366		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,113,806		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					292,068		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					315,685		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					607,753		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,506,053		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		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)					0		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		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		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)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		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)					0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/28/2016 10:04 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	379,548	5,900,080	0.064329	0	0	90.00
91.00	Nursing School cost	0	5,900,080	0.000000	0	0	91.00
92.00	Allied health cost	0	5,900,080	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,900,080	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/28/2016 10:05 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		11,840,030	30.00
31.00	03100	INTENSIVE CARE UNIT		3,957,616	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.220782	17,244,627	3,807,303 50.00
51.00	05100	RECOVERY ROOM	0.291221	2,267,343	660,298 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.504918	875	442 52.00
53.00	05300	ANESTHESIOLOGY	0.064999	7,168,101	465,919 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165044	3,964,662	654,344 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.154155	825,373	127,235 54.01
54.02	05404	ULTRASOUND	0.106025	1,592,184	168,811 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.345885	79,368	27,452 55.00
57.00	05700	CT SCAN	0.039581	8,429,074	333,631 57.00
58.00	05800	MRI	0.086604	1,419,492	122,934 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150949	9,120,393	1,376,714 59.00
60.00	06000	LABORATORY	0.121038	17,456,712	2,112,926 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0.527128	295,371	155,698 64.00
65.00	06500	RESPIRATORY THERAPY	0.169885	9,826,610	1,669,394 65.00
66.00	06600	PHYSICAL THERAPY	0.293583	2,376,298	697,641 66.00
69.00	06900	ELECTROCARDIOLOGY	0.270949	3,537,657	958,525 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.101271	3,361,256	340,398 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449775	10,307,636	4,636,117 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171234	19,374,708	3,317,609 73.00
75.01	03955	RENAL DIALYSIS (IP)	0.684080	642,868	439,773 75.01
76.00	03956	CARDIAC REHAB	0.726703	105,276	76,504 76.00
76.01	03950	OP PSY/CDU	0.259503	1,492	387 76.01
76.02	03957	RIMMS	1.040488	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.788727	0	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.401053	675,137	270,766 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.122428	8,960,661	1,097,036 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.074458	1,562,268	116,323 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.155030	3,020,489	468,266 92.01
93.00	04951	INFUSION	0.253421	69,283	17,558 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.438955	0	0 93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		133,685,214	24,120,004 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		133,685,214	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14S186		Date/Time Prepared: 5/28/2016 10:05 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		1,824,000	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.220782	17,877	3,947 50.00
51.00	05100	RECOVERY ROOM	0.291221	4,789	1,395 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.504918	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.064999	5,751	374 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165044	35,702	5,892 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.154155	0	0 54.01
54.02	05404	ULTRASOUND	0.106025	25,853	2,741 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.345885	612	212 55.00
57.00	05700	CT SCAN	0.039581	90,470	3,581 57.00
58.00	05800	MRI	0.086604	9,397	814 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150949	3,709	560 59.00
60.00	06000	LABORATORY	0.121038	495,438	59,967 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0.527128	2,351	1,239 64.00
65.00	06500	RESPIRATORY THERAPY	0.169885	85,522	14,529 65.00
66.00	06600	PHYSICAL THERAPY	0.293583	55,598	16,323 66.00
69.00	06900	ELECTROCARDIOLOGY	0.270949	42,979	11,645 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.101271	17,005	1,722 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449775	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171234	572,083	97,960 73.00
75.01	03955	RENAL DIALYSIS (IP)	0.684080	0	0 75.01
76.00	03956	CARDIAC REHAB	0.726703	335	243 76.00
76.01	03950	OP PSY/CDU	0.259503	373	97 76.01
76.02	03957	RIMMS	1.040488	0	0 76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03952	PAIN CLINIC	0.000000	0	0 76.04
76.05	03953	DIABETES	0.788727	0	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.401053	9,050	3,630 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.122428	197,245	24,148 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.074458	9,286	691 92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.155030	18,171	2,817 92.01
93.00	04951	INFUSION	0.253421	327	83 93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.438955	0	0 93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		1,699,923	254,610 200.00
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)		1,699,923	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 14T186		Date/Time Prepared: 5/28/2016 10:05 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,380,200	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.220782	200,717	50.00
51.00	05100	RECOVERY ROOM	0.291221	23,808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.504918	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064999	63,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165044	140,486	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.154155	22,948	54.01
54.02	05404	ULTRASOUND	0.106025	120,247	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.345885	230	55.00
57.00	05700	CT SCAN	0.039581	311,273	57.00
58.00	05800	MRI	0.086604	91,479	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150949	29,943	59.00
60.00	06000	LABORATORY	0.121038	1,074,889	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.527128	120,492	64.00
65.00	06500	RESPIRATORY THERAPY	0.169885	1,021,105	65.00
66.00	06600	PHYSICAL THERAPY	0.293583	8,310,267	66.00
69.00	06900	ELECTROCARDIOLOGY	0.270949	100,740	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.101271	295,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.449775	68,154	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171234	1,865,811	73.00
75.01	03955	RENAL DIALYSIS (IP)	0.684080	139,890	75.01
76.00	03956	CARDIAC REHAB	0.726703	382	76.00
76.01	03950	OP PSY/CDU	0.259503	0	76.01
76.02	03957	RIMMS	1.040488	0	76.02
76.03	03951	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0.000000	0	76.04
76.05	03953	DIABETES	0.788727	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.401053	155,891	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.122428	88,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0.074458	0	92.00
92.01	09202	OBSERVATION BEDS (DISTINCT PART)	0.155030	452,267	92.01
93.00	04951	INFUSION	0.253421	0	93.00
93.01	04950	COMMUNITY HEALTH CENTERS	0.438955	0	93.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		14,698,843	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		14,698,843	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186	Peri od: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 10:04 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		26,528,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,866,998	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)		248,942	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		5,679,721	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		288.15	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		17.83	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)		17.83	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.42	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)		17.83	12.00
13.00	Total allowable FTE count for the prior year.		17.83	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.		13.33	14.00
15.00	Sum of lines 12 through 14 divided by 3.		16.33	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		16.33	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.056672	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.058700	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.056672	21.00
22.00	IME payment adjustment (see instructions)		1,078,785	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		173,107	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.59	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)		1,078,785	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		173,107	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		34.13	31.00
32.00	Sum of lines 30 and 31		37.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.53	33.00
34.00	Disproportionate share adjustment (see instructions)		1,816,676	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186	Peri od: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 10:04 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	0	35.00
35.01	Factor 3 (see instructions)		0.000500814	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,830,046	3,157,426	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,864,664	793,670	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,658,334		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		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)		42,198,272		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)		42,371,379		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,195,863		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).		406,156		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		4,423		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)		45,977,821		59.00
60.00	Primary payer payments		2,776		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,975,045		61.00
62.00	Deductibles billed to program beneficiaries		3,424,136		62.00
63.00	Coinurance billed to program beneficiaries		79,065		63.00
64.00	Allowable bad debts (see instructions)		679,349		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		441,577		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		520,097		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,913,421		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		113,682		70.93
70.94	HRR adjustment amount (see instructions)		-10,642		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/28/2016 10:04 am	
		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)		43,016,461		71.00
71.01	Sequestration adjustment (see instructions)		860,329		71.01
72.00	Interim payments		40,982,552		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		1,173,580		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)		2,816,655		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	On/After 10/1	
			1.00	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140186

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2016 10:05 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,528,537	0	26,528,537	0	26,528,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,866,998	0	0	8,866,998	8,866,998	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	248,942	0	203,431	45,511	248,942	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,679,721	0	4,115,027	1,564,694	5,679,721	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056672	0.056672	0.056672	0.056672		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,078,785	0	808,537	270,248	1,078,785	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	173,107	0	125,418	47,689	173,107	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,078,785	0	808,537	270,248	1,078,785	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	173,107	0	125,418	47,689	173,107	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2053	0.2053	0.2053	0.2053		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,816,676	0	1,361,577	455,099	1,816,676	11.00
11.01	Uncompensated care payments	36.00	3,658,334	0	2,864,664	793,670	3,658,334	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,198,272	0	31,766,746	10,431,526	42,198,272	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,371,379	0	31,892,164	10,479,215	42,371,379	15.00
16.00	Payment for inpatient program capital	50.00	3,195,863	0	2,396,503	799,360	3,195,863	16.00
17.00	Special add-on payments for new technologies	54.00	4,423	0	3,387	1,036	4,423	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140186

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/28/2016 10:05 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	34,292,054	11,279,611	45,571,665	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,832,456	0	2,121,197	711,259	2,832,456	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	33,426	0	33,426	5,239	38,665	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0366	0.0366	0.0366	0.0366		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	103,668	0	77,636	26,032	103,668	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0799	0.0799	0.0799	0.0799		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	226,313	0	169,483	56,830	226,313	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,195,863	0	2,396,503	799,360	3,195,863	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2016 10:05 am
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		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	26,528,537	26,528,537		26,528,537	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,866,998		8,866,998	8,866,998	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	248,942	203,431	45,511	248,942	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,679,721	4,115,027	1,564,694	5,679,721	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.056672	0.056672	0.056672		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,078,785	808,537	270,248	1,078,785	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	173,107	125,418	47,689	173,107	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,078,785	808,537	270,248	1,078,785	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	173,107	125,418	47,689	173,107	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2053	0.2053	0.2053		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,816,676	1,361,577	455,099	1,816,676	11.00
11.01	Uncompensated care payments	36.00	3,658,334	2,864,664	793,670	3,658,334	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,198,272	31,766,746	10,431,526	42,198,272	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,371,379	31,892,164	10,479,215	42,371,379	15.00
16.00	Payment for inpatient program capital	50.00	3,195,863	2,401,742	794,121	3,195,863	16.00
17.00	Special add-on payments for new technologies	54.00	4,423	3,387	1,036	4,423	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			34,297,293	11,274,372	45,571,665	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2016 10:05 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,832,456	2,121,197	711,259	2,832,456	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	33,426	33,426	0	33,426	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0366	0.0366	0.0366		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	103,668	77,636	26,032	103,668	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0799	0.0799	0.0799		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	226,313	169,483	56,830	226,313	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,195,863	2,401,742	794,121	3,195,863	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	113,682	96,112	17,570	113,682	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-10,642	0	-10,642	-10,642	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186	Peri od: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 10:04 am
		Title XVII I	Hospit al	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		9,646	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,031,798	2.00
3.00	PPS payments		33,513,822	3.00
4.00	Outlier payment (see instructions)		130,861	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)		9,646	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		55,685	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)		55,685	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		55,685	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		46,039	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)		9,646	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)		33,644,683	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,236,275	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)		27,418,054	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		284,682	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)		27,702,736	30.00
31.00	Primary payer payments		4,617	31.00
32.00	Subtotal (line 30 minus line 31)		27,698,119	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		866,866	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		563,463	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		734,901	36.00
37.00	Subtotal (see instructions)		28,261,582	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-317	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)		28,261,899	40.00
40.01	Sequestration adjustment (see instructions)		565,238	40.01
41.00	Interim payments		27,475,212	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		221,449	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		614,536	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/28/2016 10:05 am
		Component CCN: 14S186	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		74	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6	2.00
3.00	PPS payments		52	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		74	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		372	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)		372	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		372	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		298	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)		74	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)		52	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		126	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)		126	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		126	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		126	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)		126	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		116	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		7	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140186

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2016 10:04 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,916,434		27,619,447	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	08/11/2015	16,805	12/17/2015	3,174	3.01
3.02		12/17/2015	49,313		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	08/11/2015	147,409	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)		66,118		-144,235	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)		40,982,552		27,475,212	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,173,580		221,449	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		42,156,132		27,696,661	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: 140186  
Component CCN: 14S186

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2016 10:05 am

Title XVIII

Subprovider -  
IPF

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		1,262,541		116	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,262,541		116	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		7		7	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,262,548		123	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: 140186  
Component CCN: 14T186

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2016 10:05 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,066,949		0	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	08/11/2015	43,191		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)		43,191		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)		10,110,140		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,012		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		10,113,152		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140186

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2016 10:04 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			9,342 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			16,957 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,991 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			46,812 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			896,144,591 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			2,400,040 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)			388,694 8.00
9.00	Sequestration adjustment amount (see instructions)			7,774 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			380,920 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			404,438 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)			-23,518 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/28/2016 10:04 am
		Component CCN: 14S186	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,390,887	1.00
2.00	Net IPF PPS Outlier Payments		4,483	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		5.756164	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,395,370	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,395,370	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,395,370	18.00
19.00	Deductibles		93,196	19.00
20.00	Subtotal (line 18 minus line 19)		1,302,174	20.00
21.00	Coinsurance		13,860	21.00
22.00	Subtotal (line 20 minus line 21)		1,288,314	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,288,314	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,288,314	31.00
31.01	Sequestration adjustment (see instructions)		25,766	31.01
32.00	Interim payments		1,262,541	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		7	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		4,483	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/28/2016 10:04 am
		Title VIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			9,983,718 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0406 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			302,507 3.00
4.00	Outlier Payments			189,796 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			22.802740 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			10,476,021 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			10,476,021 17.00
18.00	Primary payer payments			3,740 18.00
19.00	Subtotal (line 17 less line 18).			10,472,281 19.00
20.00	Deductibles			135,728 20.00
21.00	Subtotal (line 19 minus line 20)			10,336,553 21.00
22.00	Coinsurance			17,010 22.00
23.00	Subtotal (line 21 minus line 22)			10,319,543 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			10,319,543 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			10,319,543 32.00
32.01	Sequestration adjustment (see instructions)			206,391 32.01
33.00	Interim payments			10,110,140 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			3,012 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			189,796 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 10:05 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			17.83	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			17.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.42	6.00
7.00	Enter the lesser of line 5 or line 6			17.83	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.42	4.00	16.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	12.02	3.87	15.89	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	12.02	3.87		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	11.75	4.04		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.07	2.83		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.95	3.58		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	10.95	3.58		17.00
18.00	Per resident amount	98,673.09	98,673.09		18.00
19.00	Approved amount for resident costs	1,080,470	353,250	1,433,720	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.59	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			98,673.09	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,433,720	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	24,882	3,141		26.00
27.00	Total Inpatient Days (see instructions)	57,236	57,236		27.00
28.00	Ratio of inpatient days to total inpatient days	0.434726	0.054878		28.00
29.00	Program direct GME amount	623,275	78,680		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,117		30.00
31.00	Net Program direct GME amount			690,838	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/28/2016 10:05 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		48,609,019	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		6,516	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		48,602,503	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		34,073,459	42.00
43.00	Primary payer payments (see instructions)		7,063	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,066,396	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,668,899	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.587918	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.412082	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		690,838	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		406,156	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		284,682	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 140186      Period: From 01/01/2015 To 12/31/2015      Worksheet G  
 Date/Time Prepared: 5/28/2016 10:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	35,744,135	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	35,927,007	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,061,934	0	0	0	7.00
8.00	Prepaid expenses	3,421,295	0	0	0	8.00
9.00	Other current assets	22,254,866	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)	104,409,237	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	7,979,046	0	0	0	12.00
13.00	Land improvements	3,894,930	0	0	0	13.00
14.00	Accumulated depreciation	-2,820,944	0	0	0	14.00
15.00	Buildings	235,036,501	0	0	0	15.00
16.00	Accumulated depreciation	-117,115,689	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	299,836,981	0	0	0	23.00
24.00	Accumulated depreciation	-207,133,207	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)	219,677,618	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	238,852,188	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,062,930	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	245,915,118	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	570,001,973	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,953,855	0	0	0	37.00
38.00	Salaries, wages, and fees payable	23,042,788	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,566,560	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	29,365,801	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,929,004	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,673,515	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	25,788,924	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	154,462,439	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	217,391,443	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	352,610,530				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)	352,610,530	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	570,001,973	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:  
5/28/2016 10:04 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		339,911,822			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		11,372,840				2.00
3.00	Total (sum of line 1 and line 2)		351,284,662			0	3.00
4.00	INCREASE TEMP RESTRICTED ASSETS	1,330,833		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)		1,330,833			0	10.00
11.00	Subtotal (line 3 plus line 10)		352,615,495			0	11.00
12.00	CHANGE IN NET UNREALIZED G/L	4,965		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)		4,965			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		352,610,530			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	INCREASE TEMP RESTRICTED ASSETS		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	CHANGE IN NET UNREALIZED G/L		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

Provi der CCN: 140186

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2016 10:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	37,183,952		37,183,952	1.00
2.00	SUBPROVIDER - IPF	2,517,600		2,517,600	2.00
3.00	SUBPROVIDER - IRF	6,992,160		6,992,160	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	46,693,712		46,693,712	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,471,278		6,471,278	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,471,278		6,471,278	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	53,164,990		53,164,990	17.00
18.00	Ancillary services	261,432,271	471,615,694	733,047,965	18.00
19.00	Outpatient services	25,939,653	81,387,241	107,326,894	19.00
20.00	RURAL HEALTH CLINIC	0	484,037	484,037	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,961,411	4,961,411	22.00
23.00	AMBULANCE SERVICES	348,211	5,299,854	5,648,065	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	54,958,339	54,958,339	27.00
27.01	JOINT VENTURE REVENUE	0	12,393,481	12,393,481	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	340,885,125	631,100,057	971,985,182	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		279,484,020		29.00
30.00	MI SCELLANEOUS	2,257,130			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)		2,257,130		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)		281,741,150		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140186

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

Worksheet G-3

Date/Time Prepared:  
5/28/2016 10:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	971,985,182	1.00
2.00	Less contractual allowances and discounts on patients' accounts	680,720,639	2.00
3.00	Net patient revenues (line 1 minus line 2)	291,264,543	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	281,741,150	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,523,393	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,382,982	24.00
24.01	NON OPERATING INCOME	-3,598,420	24.01
24.02	MISCELLANEOUS EXPENSE	64,885	24.02
25.00	Total other income (sum of lines 6-24)	1,849,447	25.00
26.00	Total (line 5 plus line 25)	11,372,840	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)	11,372,840	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period: From 01/01/2015

Worksheet H

HHA CCN: 147400

To 12/31/2015

Date/Time Prepared: 5/28/2016 10:05 am

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,042,135	0	0	236,074	1,278,209	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	948,993	0	0	0	948,993	6.00
7.00	Physical Therapy	831,405	0	0	0	831,405	7.00
8.00	Occupational Therapy	150,025	0	0	0	150,025	8.00
9.00	Speech Pathology	3,520	0	0	0	3,520	9.00
10.00	Medical Social Services	47,872	0	0	0	47,872	10.00
11.00	Home Health Aide	23,750	0	0	0	23,750	11.00
12.00	Supplies (see instructions)	0	0	0	29,773	29,773	12.00
13.00	Drugs	0	0	0	2,546	2,546	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,047,700	0	0	268,393	3,316,093	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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	24,697	1,302,906	0	1,302,906		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	22,490	971,483	0	971,483		6.00
7.00	Physical Therapy	19,703	851,108	0	851,108		7.00
8.00	Occupational Therapy	3,555	153,580	0	153,580		8.00
9.00	Speech Pathology	83	3,603	0	3,603		9.00
10.00	Medical Social Services	1,135	49,007	0	49,007		10.00
11.00	Home Health Aide	564	24,314	0	24,314		11.00
12.00	Supplies (see instructions)	0	29,773	0	29,773		12.00
13.00	Drugs	0	2,546	0	2,546		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	72,227	3,388,320	0	3,388,320		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provi der CCN: 140186	Peri od: From 01/01/2015	Worksheet H-1
		HHA CCN: 147400	To 12/31/2015	Part I
				Date/Time Prepared: 5/28/2016 10:05 am
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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)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
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	1,302,906	0	0	0	1,302,906	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	971,483	0	0	0	971,483	6.00	
7.00	Physical Therapy	851,108	0	0	0	851,108	7.00	
8.00	Occupational Therapy	153,580	0	0	0	153,580	8.00	
9.00	Speech Pathology	3,603	0	0	0	3,603	9.00	
10.00	Medical Social Services	49,007	0	0	0	49,007	10.00	
11.00	Home Health Aide	24,314	0	0	0	24,314	11.00	
12.00	Supplies (see instructions)	29,773	0	0	0	29,773	12.00	
13.00	Drugs	2,546	0	0	0	2,546	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	3,388,320	0	0	0	3,388,320	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	1,302,906					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	606,954	1,578,437				6.00	
7.00	Physical Therapy	531,748	1,382,856				7.00	
8.00	Occupational Therapy	95,952	249,532				8.00	
9.00	Speech Pathology	2,251	5,854				9.00	
10.00	Medical Social Services	30,618	79,625				10.00	
11.00	Home Health Aide	15,191	39,505				11.00	
12.00	Supplies (see instructions)	18,601	48,374				12.00	
13.00	Drugs	1,591	4,137				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		3,388,320				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140186	Period: From 01/01/2015	Worksheet H-1 Part I
		HHA CCN: 147400	To 12/31/2015	Date/Time Prepared: 5/28/2016 10:05 am
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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					
<b>GENERAL SERVICE COST CENTERS</b>							
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	-1,302,906	2,085,414
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	971,483
7.00	Physical Therapy	0	0	0	0	0	851,108
8.00	Occupational Therapy	0	0	0	0	0	153,580
9.00	Speech Pathology	0	0	0	0	0	3,603
10.00	Medical Social Services	0	0	0	0	0	49,007
11.00	Home Health Aide	0	0	0	0	0	24,314
12.00	Supplies (see instructions)	0	0	0	0	0	29,773
13.00	Drugs	0	0	0	0	0	2,546
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	-1,302,906	2,085,414
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,302,906
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.624771

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

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

Worksheet H-2 Part I

HHA CCN: 147400

Date/Time Prepared: 5/28/2016 10:05 am

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	43,972	63,816	743,873	17,842	443,220	1.00
2.00 Skilled Nursing Care	1,578,437	0	0	0	0	0	2.00
3.00 Physical Therapy	1,382,856	0	0	0	0	0	3.00
4.00 Occupational Therapy	249,532	0	0	0	0	0	4.00
5.00 Speech Pathology	5,854	0	0	0	0	0	5.00
6.00 Medical Social Services	79,625	0	0	0	0	0	6.00
7.00 Home Health Aide	39,505	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	48,374	0	0	0	0	0	8.00
9.00 Drugs	4,137	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,388,320	43,972	63,816	743,873	17,842	443,220	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	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	4,049	47,838	1,364,610	179,675	4,147	39,222	1.00
2.00 Skilled Nursing Care	0	0	1,578,437	207,830	0	0	2.00
3.00 Physical Therapy	0	0	1,382,856	182,078	0	0	3.00
4.00 Occupational Therapy	0	0	249,532	32,855	0	0	4.00
5.00 Speech Pathology	0	0	5,854	771	0	0	5.00
6.00 Medical Social Services	0	0	79,625	10,484	0	0	6.00
7.00 Home Health Aide	0	0	39,505	5,202	0	0	7.00
8.00 Supplies (see instructions)	0	0	48,374	6,369	0	0	8.00
9.00 Drugs	0	0	4,137	545	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,049	47,838	4,752,930	625,809	4,147	39,222	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: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part I Date/Time Prepared: 5/28/2016 10:05 am
		HHA CCN: 147400	Home Health Agency I	PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	43,802	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	43,802	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
		15.00	16.00	17.00	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMEDICAL EDUCATION PRGM	
		15.00	16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	0	17,529	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	17,529	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

Period:

Worksheet H-2

HHA CCN: 147400

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

Part I  
Date/Time Prepared:  
5/28/2016 10:05 am

Home Health  
Agency I

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown 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	1,648,985	0	1,648,985				1.00
2.00 Skilled Nursing Care	1,786,267	0	1,786,267	768,175	2,554,442		2.00
3.00 Physical Therapy	1,564,934	0	1,564,934	672,990	2,237,924		3.00
4.00 Occupational Therapy	282,387	0	282,387	121,439	403,826		4.00
5.00 Speech Pathology	6,625	0	6,625	2,849	9,474		5.00
6.00 Medical Social Services	90,109	0	90,109	38,751	128,860		6.00
7.00 Home Health Aide	44,707	0	44,707	19,226	63,933		7.00
8.00 Supplies (see instructions)	54,743	0	54,743	23,542	78,285		8.00
9.00 Drugs	4,682	0	4,682	2,013	6,695		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)	5,483,439	0	5,483,439	1,648,985	5,483,439		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.				0.430044			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: 140186  
HHA CCN: 147400

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/28/2016 10:05 am  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	60,907	660,636	19	35	58,801	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)	2,848	60,907	660,636	19	35	58,801	20.00
21.00 Total cost to be allocated	43,972	63,816	743,873	17,842	443,220	4,049	21.00
22.00 Unit cost multiplier	15.439607	1.047761	1.125995	939.052632	12,663.428571	0.068859	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	4,961,411	0	1,364,610	2	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,578,437	0	0	0	2.00
3.00 Physical Therapy	0	0	1,382,856	0	0	0	3.00
4.00 Occupational Therapy	0	0	249,532	0	0	0	4.00
5.00 Speech Pathology	0	0	5,854	0	0	0	5.00
6.00 Medical Social Services	0	0	79,625	0	0	0	6.00
7.00 Home Health Aide	0	0	39,505	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	48,374	0	0	0	8.00
9.00 Drugs	0	0	4,137	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,961,411	0	4,752,930	2	2,848	0	20.00
21.00 Total cost to be allocated	47,838	0	625,809	4,147	39,222	0	21.00
22.00 Unit cost multiplier	0.009642	0	0.131668	2,073.500000	13.771770	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/28/2016 10:05 am
			Home Health Agency I	PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	2,848	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	43,802	0	0	0	0	0	21.00
22.00 Unit cost multiplier	15.379916	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS					PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	16.00	17.00	21.00	22.00	23.00		
1.00 Administrative and General	4,961,411	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,961,411	0	0	0	0	0	20.00
21.00 Total cost to be allocated	17,529	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.003533	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/28/2016 10:05 am
					HHA CCN: 147400	Title XVIII	Home Health Agency I
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	2,554,442		2,554,442	11,516	221.82
2.00	Physical Therapy	3.00	2,237,924	0	2,237,924	7,800	286.91
3.00	Occupational Therapy	4.00	403,826	0	403,826	1,285	314.26
4.00	Speech Pathology	5.00	9,474	0	9,474	21	451.14
5.00	Medical Social Services	6.00	128,860		128,860	61	2,112.46
6.00	Home Health Aide	7.00	63,933		63,933	983	65.04
7.00	Total (sum of lines 1-6)		5,398,459	0	5,398,459	21,666	
Program Visits							
Part B							
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		16580	0	77		8.00
8.01	Skilled Nursing Care		16974	0	997		8.01
8.02	Skilled Nursing Care		28100	0	6,226		8.02
8.03	Skilled Nursing Care		99914	0	676		8.03
9.00	Physical Therapy		16580	0	34		9.00
9.01	Physical Therapy		16974	0	700		9.01
9.02	Physical Therapy		28100	0	3,833		9.02
9.03	Physical Therapy		99914	0	528		9.03
10.00	Occupational Therapy		16580	0	5		10.00
10.01	Occupational Therapy		16974	0	76		10.01
10.02	Occupational Therapy		28100	0	769		10.02
10.03	Occupational Therapy		99914	0	87		10.03
11.00	Speech Pathology		16580	0	0		11.00
11.01	Speech Pathology		16974	0	0		11.01
11.02	Speech Pathology		28100	0	0		11.02
11.03	Speech Pathology		99914	0	0		11.03
12.00	Medical Social Services		16580	0	0		12.00
12.01	Medical Social Services		16974	0	10		12.01
12.02	Medical Social Services		28100	0	39		12.02
12.03	Medical Social Services		99914	0	2		12.03
13.00	Home Health Aide		16580	0	4		13.00
13.01	Home Health Aide		16974	0	67		13.01
13.02	Home Health Aide		28100	0	631		13.02
13.03	Home Health Aide		99914	0	58		13.03
14.00	Total (sum of lines 8-13)			0	14,819		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	78,285	0	78,285	0	0.000000
16.00	Cost of Drugs	9.00	6,695	0	6,695	0	0.000000

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/28/2016 10:05 am	
				HHA CCN: 147400	Title XVIII		Home Health Agency I
						PPS	
Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	7,976		0	1,769,236	1.00
2.00	Physical Therapy	0	5,095		0	1,461,806	2.00
3.00	Occupational Therapy	0	937		0	294,462	3.00
4.00	Speech Pathology	0	0		0	0	4.00
5.00	Medical Social Services	0	51		0	107,735	5.00
6.00	Home Health Aide	0	760		0	49,430	6.00
7.00	Total (sum of lines 1-6)	0	14,819		0	3,682,669	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs		966	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140186  
HHA CCN: 147400

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

Worksheet H-3  
Part I  
Date/Time Prepared:  
5/28/2016 10:05 am  
PPS

Title XVII I

Home Health  
Agency I

Cost Center Description		Total Program Cost (sum of col.s. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	1,769,236		1.00
2.00	Physical Therapy	1,461,806		2.00
3.00	Occupational Therapy	294,462		3.00
4.00	Speech Pathology	0		4.00
5.00	Medical Social Services	107,735		5.00
6.00	Home Health Aide	49,430		6.00
7.00	Total (sum of lines 1-6)	3,682,669		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/28/2016 10:05 am
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00 Physical Therapy	66.00	0.293583	0	0	col. 2, line 2.00	1.00
2.00 Occupational Therapy						2.00
3.00 Speech Pathology						3.00
4.00 Cost of Medical Supplies	71.00	0.101271	0	0	col. 2, line 15.00	4.00
5.00 Cost of Drugs	73.00	0.171234	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186	Peri od: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 5/28/2016 10:05 am
		HHA CCN: 147400		
		Title XVII I	Home Heal th Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Servi ces				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	966	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	966	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	966	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	2,446	0
			Part A Servi ces	Part B Servi ces
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-2,446
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,179,320
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	22,760
13.00	Total PPS Reimbursement - LUPA Episodes		0	52,790
14.00	Total PPS Reimbursement - PEP Episodes		0	26,150
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	3,180
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	3,281,754
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	3,281,754
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	3,281,754
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	3,281,754
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	3,281,754
31.01	Sequestration adjustment (see instructions)		0	65,618
32.00	Interim payments (see instructions)		0	3,216,136
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: 140186  
HHA CCN: 147400

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

Worksheet H-5  
Date/Time Prepared:  
5/28/2016 10:05 am  
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		3,216,136	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		3,216,136	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		3,216,136	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: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/28/2016 10:05 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,832,456	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		33,426	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)		128.25	3.00
4.00	Number of interns & residents (see instructions)		16.33	4.00
5.00	Indirect medical education percentage (see instructions)		3.66	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)		103,668	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.13	8.00
9.00	Sum of lines 7 and 8		37.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.99	10.00
11.00	Disproportionate share adjustment (see instructions)		226,313	11.00
12.00	Total prospective capital payments (see instructions)		3,195,863	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140186  
Component CCN: 143976

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

Worksheet M-1  
Date/Time Prepared:  
5/28/2016 10:05 am

				Rural Health Clinic (RHC) I		Cost	
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified	
		1.00	2.00	3.00	4.00	5.00	
						Reclassified	Trial Balance
						(col. 3 + col. 4)	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	116,859	0	116,859	0	116,859	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	92,965	0	92,965	1,698	94,663	9.00
10.00	Subtotal (sum of lines 1 through 9)	209,824	0	209,824	1,698	211,522	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	2,003	2,003	0	2,003	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	5,808	5,808	0	5,808	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	7,811	7,811	0	7,811	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	209,824	7,811	217,635	1,698	219,333	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	53,254	53,254	9,187	62,441	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	53,254	53,254	9,187	62,441	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	209,824	61,065	270,889	10,885	281,774	32.00

ANALYSIS OF HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140186

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

Worksheet M-1

Component CCN: 143976

Date/Time Prepared:  
5/28/2016 10:05 am

Rural Health  
Clinic (RHC) I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	-24,616	92,243	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	-92,243	-92,243	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	94,663	9.00
10.00	Subtotal (sum of lines 1 through 9)	-116,859	94,663	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11 through 13)	0	0	14.00
15.00	Medical Supplies	0	2,003	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	5,808	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15 through 20)	0	7,811	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-116,859	102,474	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23 through 27)	0	0	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	62,441	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	62,441	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-116,859	164,915	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet M-2
		Component CCN: 143976		Date/Time Prepared: 5/28/2016 10:05 am
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.13	703	4,200	546	1.00
2.00	Physician Assistant	0.10	589	2,100	210	2.00
3.00	Nurse Practitioner	0.72	2,783	2,100	1,512	3.00
4.00	Subtotal (sum of lines 1 through 3)	0.95	4,075		2,268	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4 through 7)	0.95	4,075			8.00
9.00	Physician Services Under Agreements		0			9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>						
10.00	Total costs of health care services (from Wkst. M-1, col. 7, line 22)				102,474	10.00
11.00	Total nonreimbursable costs (from Wkst. M-1, col. 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				102,474	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Wkst. M-1, col. 7, line 31)				62,441	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				271,763	15.00
16.00	Total overhead (sum of lines 14 and 15)				334,204	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtotal (see instructions)				334,204	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				334,204	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				436,678	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2015 To 12/31/2015	Worksheet M-3	
		Component CCN: 143976		Date/Time Prepared: 5/28/2016 10:05 am	
		Title XVII I	Rural Health Clinic (RHC) I	Cost	
				1.00	
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>					
1.00	Total Allowable Cost of RHC/FQHC Services (from Wkst. M-2, line 20)		436,678		1.00
2.00	Cost of vaccines and their administration (from Wkst. M-4, line 15)		0		2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		436,678		3.00
4.00	Total Visits (from Wkst. M-2, column 5, line 8)		4,075		4.00
5.00	Physicians visits under agreement (from Wkst. M-2, column 5, line 9)		0		5.00
6.00	Total adjusted visits (line 4 plus line 5)		4,075		6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		107.16		7.00
		<b>Calculation of Limit (1)</b>			
			<b>Prior to January 1</b>	<b>On or After January 1</b>	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)		79.17	80.44	8.00
9.00	Rate for Program covered visits (see instructions)		79.17	80.44	9.00
<b>CALCULATION OF SETTLEMENT</b>					
10.00	Program covered visits excluding mental health services (from contractor records)		0	397	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	31,935	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			31,935	16.00
16.01	Total program charges (see instructions)(from contractor's records)			59,549	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			21,036	16.04
16.05	Total program cost (see instructions)			21,036	16.05
17.00	Primary payer amounts			0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			5,640	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			10,782	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			21,036	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			21,036	22.00
23.00	Allowable bad debts (see instructions)			0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)			0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
25.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	25.50
26.00	Net reimbursable amount (see instructions)			21,036	26.00
26.01	Sequestration adjustment (see instructions)			421	26.01
27.00	Interim payments			20,185	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 26.01, 27, and 28)			430	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter I, §115.2			0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2015 To 12/31/2015	Worksheet M-5 Date/Time Prepared: 5/28/2016 10:05 am
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		20,185	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		20,185	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		430	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		20,615	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00