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: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/20/2016 7:48 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/20/2016 Time: 7:48 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 METHODIST MEDICAL CTR OF ILLINOIS (140209) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,062,473	24,708	-17,665	0	1.00
2.00	Subprovider - IPF	0	64,042	163		0	2.00
3.00	Subprovider - IRF	0	-30,910	165		0	3.00
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	42		0	9.00
200.00	Total	0	1,095,605	25,078	-17,665	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: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 221 N E GLEN OAK	PO Box:			1.00
2.00	City: PEORIA	State: IL	Zip Code: 61636	County: PEORIA	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	METHODIST MEDICAL CTR OF ILLINOIS	140209	37900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	METHODIST MED CTR - PSYCH	14S209	37900	4	12/15/1983	N	P	P	4.00
5.00	Subprovider - IRF	METHODIST MED CTR - REHAB	14T209	37900	5	12/15/1993	N	P	P	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	METHODIST HOME CARE	147259	37900		06/01/1992	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	METHODIST HOSPICE	141537	37900		01/01/1990				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 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)	N	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	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.	6,320	4,423	29	20	5,440	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	355	103	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0		37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40.00

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	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)	Y	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	2.12	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.05	9.61	0.005176	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	4.67	24.03	0.162718	67.00
67.01			0	0.00	0.00	0.000000	67.01

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0	76.00

		1.00	
	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.		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N	87.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	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

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		V	XIX	
		1.00	2.00	
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)			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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N				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.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,557,337	149,336	2,614,438	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

		1.00	2.00	
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
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0721	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: PEORIA HOME OFFICE	Contractor's Name: NGS	Contractor's Number: 00131	141.00
142.00	Street: 221 NE GLEN OAK	PO Box:		142.00
143.00	City: PEORIA	State: IL	Zip Code: 61636	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00

		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00

		1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N	149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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)	0	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)	0.50	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)	09/01/2015	11/29/2015	170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/19/2016 5:41 pm

		1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)	N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	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	03/22/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		Y		Y	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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MONICA	SUTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5144	MONICA.SUTTER@UNITYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-2 Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/22/2015			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		SENIOR REIMBURSEMENT ANALYST		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/19/2016 5:41 pm

	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	191	69,715	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)		191	69,715	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	12	4,380	0.00	0	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		215	78,475	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	44	16,060		0	16.00
17.00	SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00	SUBPROVIDER						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	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		295				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)		13	4,745			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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/19/2016 5:41 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,219	11,796	41,241			1.00
2.00	HMO and other (see instructions)	6,165	0				2.00
3.00	HMO IPF Subprovider	273	0				3.00
4.00	HMO IRF Subprovider	342	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	15,219	11,796	41,241			7.00
8.00	INTENSIVE CARE UNIT	2,549	274	2,848			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	172	2,769			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		3,195	4,759			13.00
14.00	Total (see instructions)	17,768	15,437	51,617	31.49	1,724.31	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,646	0	13,011	6.87	76.96	16.00
17.00	SUBPROVIDER - IRF	5,547	458	7,382	0.00	35.02	17.00
18.00	SUBPROVIDER						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	31,309	0	58,244	0.00	66.43	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	14.82	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				38.36	1,917.54	27.00
28.00	Observation Bed Days		1,282	4,664			28.00
29.00	Ambulance Trips	5					29.00
30.00	Employee discount days (see instruction)			809			30.00
31.00	Employee discount days - IRF			18			31.00
32.00	Labor & delivery days (see instructions)	0	795	1,302			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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part I Date/Time Prepared: 5/19/2016 5:41 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	3,774	5,011	11,476	1.00
2.00	HMO and other (see instructions)			1,235	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	3,774	5,011	11,476	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	338	0	2,238	16.00
17.00	SUBPROVIDER - IRF	0.00	0	420	0	545	17.00
18.00	SUBPROVIDER						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	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	133,718,705	0	133,718,705	4,049,116.00	33.02	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		4,052,137	0	4,052,137	43,465.00	93.23	3.00
4.00	Physician-Part A - Administrative		646,659	0	646,659	4,855.00	133.19	4.00
4.01	Physicians - Part A - Teaching		1,287,798	0	1,287,798	11,700.00	110.07	4.01
5.00	Physician-Part B		39,721,203	0	39,721,203	407,288.00	97.53	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,368,868	-1,287,798	3,081,070	105,179.00	29.29	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		16,173,236	929,712	17,102,948	602,564.00	28.38	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,195,565	0	3,195,565	95,823.00	33.35	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,014,715	0	1,014,715	6,403.00	158.47	13.00
14.00	Home office salaries & wage-related costs		27,419,378	0	27,419,378	651,753.00	42.07	14.00
15.00	Home office: Physician Part A - Administrative		1,792	0	1,792	12.00	149.33	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		22,401,052	0	22,401,052			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,229,862	0	5,229,862			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		898,722	0	898,722			21.00
22.00	Physician Part A - Administrative		136,288	0	136,288			22.00
22.01	Physician Part A - Teaching		278,376	0	278,376			22.01
23.00	Physician Part B		8,745,379	0	8,745,379			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		930,593	0	930,593			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,459,913	-1,016,776	443,137	30,681.00	14.44	26.00
27.00	Administrative & General	5.00	4,929,213	59,964	4,989,177	238,726.00	20.90	27.00
28.00	Administrative & General under contract (see inst.)		8,671,516	0	8,671,516	47,975.00	180.75	28.00
29.00	Maintenance & Repairs	6.00	1,570,960	0	1,570,960	52,001.00	30.21	29.00
30.00	Operation of Plant	7.00	796,758	0	796,758	28,656.00	27.80	30.00
31.00	Laundry & Linen Service	8.00	121,360	0	121,360	6,934.00	17.50	31.00
32.00	Housekeeping	9.00	2,070,265	0	2,070,265	140,264.00	14.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,882,252	-529,563	1,352,689	81,159.00	16.67	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	450,149	529,563	979,712	59,086.00	16.58	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	934,359	0	934,359	36,191.00	25.82	38.00
39.00	Central Services and Supply	14.00	659,262	0	659,262	36,548.00	18.04	39.00
40.00	Pharmacy	15.00	3,587,523	0	3,587,523	87,892.00	40.82	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140209

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

Worksheet S-3
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140209

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

Worksheet S-3
Part III
Date/Time Prepared:
5/19/2016 5:41 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		92,960,215	1,287,798	94,248,013	3,529,459.00	26.70	1.00
2.00	Excluded area salaries (see instructions)		16,173,236	929,712	17,102,948	602,564.00	28.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)		76,786,979	358,086	77,145,065	2,926,895.00	26.36	3.00
4.00	Subtotal other wages & related costs (see inst.)		31,631,450	0	31,631,450	753,991.00	41.95	4.00
5.00	Subtotal wage-related costs (see inst.)		22,537,340	0	22,537,340	0.00	29.21	5.00
6.00	Total (sum of lines 3 thru 5)		130,955,769	358,086	131,313,855	3,680,886.00	35.67	6.00
7.00	Total overhead cost (see instructions)		27,133,530	-956,812	26,176,718	846,113.00	30.94	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part IV Date/Time Prepared: 5/19/2016 5:41 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	7,341,867	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	6,371,981	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	1,146,767	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	11,412,970	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	-409,309	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	108,435	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	968,049	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	995,466	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	9,725,339	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	46,513	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	223,073	21.00
22.00	Day Care Cost and Allowances	122,568	22.00
23.00	Tuition Reimbursement	566,553	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,620,272	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet S-3 Part V Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	12,881,796	38,620,272	1.00
2.00	Hospital	12,881,796	38,210,204	2.00
3.00	Subprovider - IPF	0	265,527	3.00
4.00	Subprovider - IRF	0	144,541	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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 140209
Component CCN: 147259

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

Worksheet S-4
Date/Time Prepared: 5/19/2016 5:41 pm

		Home Health Agency I	PPS
		1.00	
0.00	County	PEORIA	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	6,343	0	3,121	9,464	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,201.00	0.00	1,033.00	2,234.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent) 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	20.82	0.00	20.82	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		0.00	0.00	0.00	5.00
6.00	Direct Nursing Service		40.94	0.00	40.94	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		0.00	7.51	7.51	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.00	2.10	2.10	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.00	0.28	0.28	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.24	0.00	1.24	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		4.55	0.00	4.55	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.		3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		19340			20.00
20.01			37900			20.01
20.02			99914			20.02

		Full Episodes Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	14,020	1,228	440	124	15,812	21.00
22.00	Skilled Nursing Visit Charges	2,376,200	211,944	74,748	20,949	2,683,841	22.00
23.00	Physical Therapy Visits	8,244	195	46	104	8,589	23.00
24.00	Physical Therapy Visit Charges	1,477,312	35,580	8,248	18,792	1,539,932	24.00
25.00	Occupational Therapy Visits	2,260	82	7	14	2,363	25.00
26.00	Occupational Therapy Visit Charges	405,480	15,136	1,236	2,632	424,484	26.00
27.00	Speech Pathology Visits	274	39	1	7	321	27.00
28.00	Speech Pathology Visit Charges	48,652	7,252	188	1,316	57,408	28.00
29.00	Medical Social Service Visits	356	17	5	6	384	29.00
30.00	Medical Social Service Visit Charges	77,775	3,780	1,095	1,320	83,970	30.00
31.00	Home Health Aide Visits	3,497	313	9	21	3,840	31.00
32.00	Home Health Aide Visit Charges	297,788	26,740	779	1,830	327,137	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	28,651	1,874	508	276	31,309	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)	4,683,207	300,432	86,294	46,839	5,116,772	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,543		177	25	1,745	36.00
37.00	Total Number of Outlier Episodes		40		0	40	37.00
38.00	Total Non-Routine Medical Supply Charges	101,329	6,671	2,259	706	110,965	38.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 140209 Component CCN: 141537	Period: From 01/01/2015 To 12/31/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 5/19/2016 5:41 pm
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	15,618	0	0	0	0	15,618	2.00
3.00	Inpatient Respite Care	22	0	0	0	0	22	3.00
4.00	General Inpatient Care	208	0	0	0	0	208	4.00
5.00	Total Hospice Days	15,848	0	0	0	0	15,848	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	414	0	0	0	0	414	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/19/2016 5:41 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.230120	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	23,467,937	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	226,185,033	6.00
7.00	Medicaid cost (line 1 times line 6)	52,049,700	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)	28,581,763	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)	28,581,763	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	2,565,920	1,936,132	4,502,052	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	590,470	445,543	1,036,013	21.00
22.00	Partial payment by patients approved for charity care	118,537	88,619	207,156	22.00
23.00	Cost of charity care (line 21 minus line 22)	471,933	356,924	828,857	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	18,292,432	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	739,508	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	17,552,924	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,039,279	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,868,136	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	33,449,899	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,948,022	11,948,022	203,718	12,151,740	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,674,118	1,674,118	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,052,307	9,060,512	10,112,819	-1,046,948	9,065,871	4.00
4.01	00401	PARKING	407,606	436,519	844,125	-627,683	216,442	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	4,929,213	9,579,397	14,508,610	-224,143	14,284,467	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,570,960	2,044,797	3,615,757	0	3,615,757	6.00
7.00	00700	OPERATION OF PLANT	796,758	11,859,924	12,656,682	0	12,656,682	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	121,360	897,175	1,018,535	0	1,018,535	8.00
9.00	00900	HOUSEKEEPING	2,070,265	1,361,835	3,432,100	-3,500	3,428,600	9.00
10.00	01000	DIETARY	1,882,252	1,837,343	3,719,595	-1,534,942	2,184,653	10.00
11.00	01100	CAFETERIA	450,149	311,348	761,497	1,330,425	2,091,922	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	934,359	169,649	1,104,008	0	1,104,008	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	659,262	-1,283,697	-624,435	459,196	-165,239	14.00
15.00	01500	PHARMACY	3,587,523	10,099,390	13,686,913	-9,184,738	4,502,175	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	5,232,003	4,746,735	9,978,738	-2,109	9,976,629	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	4,368,868	2,571,407	6,940,275	-1,287,798	5,652,477	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	1,125,580	1,125,580	1,287,798	2,413,378	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,789,645	4,611,678	18,401,323	-2,884,840	15,516,483	30.00
31.00	03100	INTENSIVE CARE UNIT	1,666,579	635,050	2,301,629	3,478,339	5,779,968	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,672,712	510,172	2,182,884	-1,951,076	231,808	34.00
40.00	04000	SUBPROVIDER - IPF	3,613,100	689,441	4,302,541	184,977	4,487,518	40.00
41.00	04100	SUBPROVIDER - IRF	1,928,579	671,863	2,600,442	-36,471	2,563,971	41.00
43.00	04300	NURSERY	1,221,291	416,724	1,638,015	-176,586	1,461,429	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,494,618	25,531,812	32,026,430	-10,659,135	21,367,295	50.00
51.00	05100	RECOVERY ROOM	1,520,453	430,249	1,950,702	212,919	2,163,621	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,258,840	2,298,483	4,557,323	-1,126,062	3,431,261	52.00
53.00	05300	ANESTHESIOLOGY	9,283,042	2,298,349	11,581,391	-474,371	11,107,020	53.00
53.01	03950	PAIN CLINIC	467,350	570,164	1,037,514	-839,982	197,532	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,697,161	2,230,279	5,927,440	-466,394	5,461,046	54.00
54.01	05401	NORTHSIDE IMAGING	92,207	22,022	114,229	316,761	430,990	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	72,706	29,269	101,975	238,109	340,084	54.02
54.03	05403	NORTHSIDE ULTRASOUND	95,729	19,310	115,039	205,118	320,157	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	57,170	1,098,574	1,155,744	-1,155,744	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	930,220	1,036,356	1,966,576	47,429	2,014,005	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	377,758	1,473,471	1,851,229	-1,404,068	447,161	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	379,576	327,973	707,549	-50,244	657,305	57.00
57.01	05701	NORTHSIDE CT	63,940	40,313	104,253	189,434	293,687	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	378,399	206,523	584,922	-45,530	539,392	58.00
58.01	05801	NORTHSIDE MRI	66,312	53,208	119,520	187,385	306,905	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	486,315	486,315	59.00
60.00	06000	LABORATORY	4,568,251	9,454,606	14,022,857	-1,447,738	12,575,119	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,156,841	1,156,841	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,377,363	2,377,363	64.00
65.00	06500	RESPIRATORY THERAPY	1,227,047	511,686	1,738,733	-15,886	1,722,847	65.00
66.00	06600	PHYSICAL THERAPY	0	3,117,310	3,117,310	-1,235,682	1,881,628	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	757,404	757,404	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	532,390	532,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	422,885	422,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	585,320	304,332	889,652	-626	889,026	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	2,158,194	2,158,194	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	8,357,749	8,357,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,125,644	14,125,644	73.00
74.00	07400	RENAL DIALYSIS	219,924	136,494	356,418	-73,658	282,760	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	471,408	56,406	527,814	-115,060	412,754	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	625,150	735,713	1,360,863	-48,251	1,312,612	76.01
76.02	03140	CARDIOLOGY	516,807	159,887	676,694	-9,736	666,958	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	199,111	199,111	76.03
76.97	07697	CARDIAC REHABILITATION	28,918	8,155	37,073	-55	37,018	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	329,378	329,378	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.99	07699	LITHOTRIPSY	0	22,679	22,679	0	22,679	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,823,979	1,275,084	3,099,063	848,347	3,947,410	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,005,536	1,652,945	2,658,481	-135,500	2,522,981	90.01
90.03	09002	PHYSICIAN OFFICES	34,043,483	26,380,080	60,423,563	-2,630,418	57,793,145	90.03
90.06	09003	DIABETIC CARE CENTER	355,619	108,615	464,234	-100	464,134	90.06
90.07	09004	WOUND CARE CENTER	710,873	822,188	1,533,061	-727,559	805,502	90.07
91.00	09100	EMERGENCY	3,946,564	4,198,623	8,145,187	-1,487,799	6,657,388	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	12,698	12,698	-12,698	0	95.00
101.00	10100	HOME HEALTH AGENCY	3,999,698	2,880,128	6,879,826	-93,773	6,786,053	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,014,349	2,014,349	0	2,014,349	113.00
116.00	11600	HOSPICE	826,217	1,080,013	1,906,230	-150,049	1,756,181	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	133,145,066	166,899,210	300,044,276	-1,599,605	298,444,671	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	249,738	888,634	1,138,372	0	1,138,372	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	18,383	18,383	0	18,383	194.01
194.02	07952	WELLNESS CENTER	323,901	525,143	849,044	-185	848,859	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	1,599,790	1,599,790	194.05
200.00		TOTAL (SUM OF LINES 118-199)	133,718,705	168,331,370	302,050,075	0	302,050,075	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	249,243	12,400,983	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	1,674,118	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,423,307	14,489,178	4.00
4.01	00401	PARKING	-216,442	0	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	46,100,099	60,384,566	5.00
6.00	00600	MAINTENANCE & REPAIRS	-101,806	3,513,951	6.00
7.00	00700	OPERATION OF PLANT	79,845	12,736,527	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	547	1,019,082	8.00
9.00	00900	HOUSEKEEPING	0	3,428,600	9.00
10.00	01000	DIETARY	-3,360	2,181,293	10.00
11.00	01100	CAFETERIA	-1,111,527	980,395	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,561,092	5,665,100	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-165,239	14.00
15.00	01500	PHARMACY	0	4,502,175	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,422,952	1,422,952	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-9,976,629	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-114,192	5,538,285	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	-70,396	2,342,982	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	-329,304	15,187,179	30.00
31.00	03100	INTENSIVE CARE UNIT	331	5,780,299	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-4,060	227,748	34.00
40.00	04000	SUBPROVIDER - IPF	0	4,487,518	40.00
41.00	04100	SUBPROVIDER - IRF	-84,320	2,479,651	41.00
43.00	04300	NURSERY	-89,893	1,371,536	43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	-157,121	21,210,174	50.00
51.00	05100	RECOVERY ROOM	0	2,163,621	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,583,161	1,848,100	52.00
53.00	05300	ANESTHESIOLOGY	-9,975,965	1,131,055	53.00
53.01	03950	PAIN CLINIC	-74,706	122,826	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-195,044	5,266,002	54.00
54.01	05401	NORTHSIDE IMAGING	5,971	436,961	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	4,487	344,571	54.02
54.03	05403	NORTHSIDE ULTRASOUND	3,866	324,023	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-592,931	1,421,074	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	447,161	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-200	657,105	57.00
57.01	05701	NORTHSIDE CT	3,728	297,415	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	539,392	58.00
58.01	05801	NORTHSIDE MRI	3,728	310,633	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	486,315	59.00
60.00	06000	LABORATORY	-596,466	11,978,653	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,156,841	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,377,363	64.00
65.00	06500	RESPIRATORY THERAPY	-442	1,722,405	65.00
66.00	06600	PHYSICAL THERAPY	-197,490	1,684,138	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	757,404	67.00
68.00	06800	SPEECH PATHOLOGY	0	532,390	68.00
69.00	06900	ELECTROCARDIOLOGY	0	422,885	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-30,484	858,542	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	2,158,194	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	8,357,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,125,644	73.00
74.00	07400	RENAL DIALYSIS	0	282,760	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	112	412,866	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	1,312,612	76.01
76.02	03140	CARDIOLOGY	0	666,958	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	199,111	76.03
76.97	07697	CARDIAC REHABILITATION	-4,101	32,917	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	329,378	76.98
76.99	07699	LITHOTRIPSY	0	22,679	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	-949,190	2,998,220	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	-1,216,476	1,306,505	90.01
90.03	09002	PHYSICIAN OFFICES	-37,686,398	20,106,747	90.03
90.06	09003	DIABETIC CARE CENTER	-191,606	272,528	90.06
90.07	09004	WOUND CARE CENTER	-587,348	218,154	90.07
91.00	09100	EMERGENCY	-2,513,391	4,143,997	91.00
92.00	09200	OBSERVATION BEDS			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-17,444	6,768,609	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	-2,014,349	0	113.00
116.00	11600	HOSPICE	-6,062	1,750,119	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,832,996	285,611,675	118.00
		NONREIMBURSABLE COST CENTERS			
191.00	19100	RESEARCH	-8,328	1,130,044	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	194.00
194.01	07951	FOUNDATION	0	18,383	194.01
194.02	07952	WELLNESS CENTER	-56,311	792,548	194.02
194.03	07954	CAPITAL LABOR	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	1,599,790	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-12,897,635	289,152,440	200.00

RECLASSIFICATIONS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/19/2016 5:41 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - MEDICAL SUPPLIES RECLASS				
1.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0	2,158,194	1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	8,357,749	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	509,374	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	11,025,317	
	B - DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,125,644	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00

RECLASSIFICATIONS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	0		0	14,125,644		
	C - FOOD PREP RECLASS					
1.00	CAFETERIA	11.00	529,563	990,299		1.00
	0		529,563	990,299		
	D - PARKING RECLASS					
1.00	OTHER NON-REIMBURSABLE	194.05	303,092	324,591		1.00
	0		303,092	324,591		
	E - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,566,206		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	0		0	1,566,206		
	F - CHILD CARE					
1.00	OTHER NON-REIMBURSABLE	194.05	713,684	258,423		1.00
	0		713,684	258,423		
	H - PT BILLING DIRECTOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	59,964	33,809		1.00
	0		59,964	33,809		
	I - IP AMBULANCE					
1.00	ADULTS & PEDIATRICS	30.00	0	12,698		1.00
	0		0	12,698		
	L - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	203,718		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	107,912		2.00
	0		0	311,630		
	M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE IMAGING	54.01	15,673	301,194		1.00
2.00	NORTHSIDE MRI	58.01	9,785	188,029		2.00
3.00	NORTHSIDE CT	57.01	9,785	188,029		3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	11,778	226,331		4.00
5.00	NORTHSIDE ULTRASOUND	54.03	10,147	194,993		5.00
	0		57,168	1,098,576		
	N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	60,448	268,930		1.00
	0		60,448	268,930		
	P - BH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	0	185,574		1.00
	0		0	185,574		
	Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	357,036	213,272		1.00
2.00	INTENSIVE CARE UNIT	31.00	3,021,421	560,651		2.00
3.00	OPERATING ROOM	50.00	601,513	333,336		3.00
4.00	RECOVERY ROOM	51.00	218,872	114,217		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	50,878	12,972		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	63,153	35,604		6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	50,924	9,211		7.00
8.00	CARDIAC CATHETERIZATION	59.00	352,272	134,043		8.00
9.00	LABORATORY	60.00	30,790	6,130		9.00
10.00	INTRAVENOUS THERAPY	64.00	1,849,756	527,607		10.00
11.00	RESPIRATORY THERAPY	65.00	98,627	256,671		11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	757,404		12.00
13.00	SPEECH PATHOLOGY	68.00	43,202	489,188		13.00
14.00	ELECTROCARDIOLOGY	69.00	318,263	104,622		14.00
15.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	9,483	1,557		15.00
16.00	PULMONARY FUNCTION TESTING	76.03	164,413	34,698		16.00
17.00	CLINIC	90.00	756,900	405,291		17.00
18.00	ANESTHESIOLOGY	53.00	5,960	1,211		18.00
19.00		0.00				19.00
20.00		0.00				20.00
21.00		0.00				21.00
	0		7,993,463	3,997,685		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	R - TEACHING PHYSICIAN SALARY				
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	1,287,798	0	1.00
	0		1,287,798	0	
	S - BLOOD RECLASS				
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,156,841	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	0		0	1,156,841	
500.00	Grand Total: Increases		11,005,180	35,356,223	500.00

RECLASSIFICATIONS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-6 | Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - MEDICAL SUPPLIES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	678	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	89	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	116	0		3.00
4.00	OPERATING ROOM	50.00	0	2,449,706	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	793	0		5.00
6.00	PAIN CLINIC	53.01	0	1,738	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,180	0		7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,456	0		8.00
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	107	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	109,871	0		10.00
11.00	GASTRO INTESTINAL SERVICES	76.01	0	36,431	0		11.00
12.00	CARDIOLOGY	76.02	0	259	0		12.00
13.00	EMERGENCY	91.00	0	142	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	14.00	0	191	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	105	0		15.00
16.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	276	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	99	0		17.00
18.00	OPERATING ROOM	50.00	0	8,263,544	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,564	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	614	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	75,178	0		21.00
22.00	NORTHSIDE IMAGING	54.01	0	106	0		22.00
23.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	806	0		23.00
24.00	RENAL DIALYSIS	74.00	0	3	0		24.00
25.00	GASTRO INTESTINAL SERVICES	76.01	0	5,029	0		25.00
26.00	CLINIC	90.00	0	174	0		26.00
27.00	CHILLI FAMILY PHYSICIANS	90.01	0	87	0		27.00
28.00	PHYSICIAN OFFICES	90.03	0	119	0		28.00
29.00	WOUND CARE CENTER	90.07	0	6,770	0		29.00
30.00	EMERGENCY	91.00	0	1,086	0		30.00
	0		0	11,025,317			
	B - DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	74,841	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	377	0		2.00
3.00	HOUSEKEEPING	9.00	0	3,103	0		3.00
4.00	DIETARY	10.00	0	12,472	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,873	0		5.00
6.00	PHARMACY	15.00	0	9,175,392	0		6.00
7.00	NURSING SCHOOL	20.00	0	2,109	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	96,449	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	14,178	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	16,403	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	597	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	2,338	0		12.00
13.00	NURSERY	43.00	0	1,344	0		13.00
14.00	OPERATING ROOM	50.00	0	96,423	0		14.00
15.00	RECOVERY ROOM	51.00	0	23,619	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,978	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	480,928	0		17.00
18.00	PAIN CLINIC	53.01	0	23,341	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,390	0		19.00
20.00	NORTHSIDE ULTRASOUND	54.03	0	22	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,090	0		21.00
22.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	809,430	0		22.00
23.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	37,924	0		23.00
24.00	NORTHSIDE CT	57.01	0	8,380	0		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	45,423	0		25.00
26.00	NORTHSIDE MRI	58.01	0	10,429	0		26.00
27.00	LABORATORY	60.00	0	1,171	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	12,980	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	105	0		29.00
30.00	RENAL DIALYSIS	74.00	0	23,414	0		30.00
31.00	GASTRO INTESTINAL SERVICES	76.01	0	6,791	0		31.00
32.00	CARDIOLOGY	76.02	0	4,459	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	55	0		33.00
34.00	CLINIC	90.00	0	205,233	0		34.00
35.00	CHILLI FAMILY PHYSICIANS	90.01	0	135,413	0		35.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
36.00	PHYSICIAN OFFICES	90.03	0	2,630,299	0		36.00
37.00	DIABETIC CARE CENTER	90.06	0	100	0		37.00
38.00	WOUND CARE CENTER	90.07	0	36,113	0		38.00
39.00	EMERGENCY	91.00	0	59,658	0		39.00
	0		0	14,125,644			
	C - FOOD PREP RECLASS						
1.00	DIETARY	10.00	529,563	990,299	0		1.00
	0		529,563	990,299			
	D - PARKING RECLASS						
1.00	PARKING	4.01	303,092	324,591	0		1.00
	0		303,092	324,591			
	E - EQUIPMENT RENTAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,909	10		1.00
2.00	HOUSEKEEPING	9.00	0	397	0		2.00
3.00	DIETARY	10.00	0	2,608	0		3.00
4.00	CAFETERIA	11.00	0	189,437	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,114	0		5.00
6.00	PHARMACY	15.00	0	9,346	0		6.00
7.00	OPERATING ROOM	50.00	0	248,768	0		7.00
8.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	574,879	0		8.00
9.00	LABORATORY	60.00	0	329,455	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	6,433	0		10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	626	0		11.00
12.00	HOSPICE	116.00	0	150,049	0		12.00
13.00	WELLNESS CENTER	194.02	0	185	0		13.00
	0		0	1,566,206			
	F - CHILD CARE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	713,684	258,423	0		1.00
	0		713,684	258,423			
	H - PT BILLING DIRECTOR						
1.00	HOME HEALTH AGENCY	101.00	59,964	33,809	0		1.00
	0		59,964	33,809			
	I - IP AMBULANCE						
1.00	AMBULANCE SERVICES	95.00	0	12,698	0		1.00
	0		0	12,698			
	L - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	311,630	12		1.00
2.00		0.00	0	0	12		2.00
	0		0	311,630			
	M - NORTHSIDE ADMIN ALLOCATION						
1.00	NORTHSIDE ADMIN	54.05	57,168	1,098,576	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
	0		57,168	1,098,576			
	N - HYPERBARIC OXYGEN						
1.00	WOUND CARE CENTER	90.07	60,448	268,930	0		1.00
	0		60,448	268,930			
	P - BH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	0	185,574	0		1.00
	0		0	185,574			
	Q - COST CENTER MAPPING RECLASSES						
1.00	ADULTS & PEDIATRICS	30.00	2,646,800	538,240	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	71,617	17,849	0		2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,652,004	282,277	0		3.00
4.00	NURSERY	43.00	139,639	35,603	0		4.00
5.00	OPERATING ROOM	50.00	386,034	146,889	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	618,519	556,058	0		6.00
7.00	PAIN CLINIC	53.01	459,282	355,621	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	292,975	70,384	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	7,029	4,587	0		9.00
10.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	16,191	3,568	0		10.00
11.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	7,527	2,531	0		11.00
12.00	RESPIRATORY THERAPY	65.00	200,645	41,255	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	1,235,577	0		13.00
14.00	RENAL DIALYSIS	74.00	42,707	7,389	0		14.00
15.00	CLINIC	90.00	92,507	15,930	0		15.00
16.00	WOUND CARE CENTER	90.07	98,627	256,671	0		16.00
17.00	EMERGENCY	91.00	1,034,655	392,258	0		17.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	113,925	12,175	0		18.00
19.00	SUBPROVIDER - IRF	41.00	27,100	6,934	0		19.00
20.00	RECOVERY ROOM	51.00	81,945	14,606	0		20.00
21.00	CARDIOLOGY	76.02	3,735	1,283	0		21.00
	0		7,993,463	3,997,685			
	R - TEACHING PHYSICIAN SALARY						
1.00	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	1,287,798	0	0		1.00
	0		1,287,798	0			
	S - BLOOD RECLASS						
1.00	OPERATING ROOM	50.00	0	2,620	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44	0		2.00
3.00	LABORATORY	60.00	0	1,154,032	0		3.00
4.00	RENAL DIALYSIS	74.00	0	145	0		4.00
	0		0	1,156,841			
500.00	Grand Total: Decreases		11,005,180	35,356,223			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part I Date/Time Prepared: 5/19/2016 5:41 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,458,352	0	0	0	0	1.00
2.00	Land Improvements	8,642,017	143,315	0	143,315	137,326	2.00
3.00	Buildings and Fixtures	253,743,742	23,969,002	0	23,969,002	66,726,718	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	72,650,696	0	72,650,696	0	5.00
6.00	Movable Equipment	110,312,736	1,719,074	0	1,719,074	269,622	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	374,156,847	98,482,087	0	98,482,087	67,133,666	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	374,156,847	98,482,087	0	98,482,087	67,133,666	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,458,352	0	1.00
2.00	Land Improvements	8,648,006	0	2.00
3.00	Buildings and Fixtures	210,986,026	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	72,650,696	0	5.00
6.00	Movable Equipment	111,762,188	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	405,505,268	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	405,505,268	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part II Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	11,948,022	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,948,022	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	11,948,022	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	11,948,022	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-7 Part III Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	293,743,080	0	293,743,080	0.724388	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	111,762,188	0	111,762,188	0.275612	0	2.00
3.00	Total (sum of lines 1-2)	405,505,268	0	405,505,268	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	12,197,265	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,566,206	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,197,265	1,566,206	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	203,718	0	0	12,400,983	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	107,912	0	0	1,674,118	2.00
3.00	Total (sum of lines 1-2)	0	311,630	0	0	14,075,101	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		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)	A	-28,348	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-2,841	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)	A	-216,442	PARKING	4.01	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-42,663,882			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	55,473,976			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,108,071	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-9,931,080	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-3,456	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	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	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00			0		0.00	0	33.00
34.00			0		0.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8 | Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	MALPRACTICE NET OF INCOME	A	-885,624	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00			0		0.00	0	36.00
37.00			0		0.00	0	37.00
37.01			0		0.00	0	37.01
37.02			0		0.00	0	37.02
38.00	A&G MISC INCOME	B	-199,619	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	MAINTENANCE MISC INCOME	B	-101,806	MAINTENANCE & REPAIRS	6.00	0	38.01
38.02	I&R MISC INCOME	B	-51,094	I&R SRVCES-SALARY & FRINGES APPRVD	21.00	0	38.02
38.03	A&P MISC INCOME	B	-19,676	ADULTS & PEDIATRICS	30.00	0	38.03
38.04	SURGICAL ICU MISC INCOME	B	-4,060	SURGICAL INTENSIVE CARE UNIT	34.00	0	38.04
38.05	NURSERY MISC INCOME	B	-3,230	NURSERY	43.00	0	38.05
38.06	OR MISC INCOME	B	331	INTENSIVE CARE UNIT	31.00	0	38.06
38.07	LABOR & DELIVERY MISC INCOME	B	-9,945	DELIVERY ROOM & LABOR ROOM	52.00	0	38.07
38.08	RAD-DIAG MISC INCOME	B	-11,553	RADIOLOGY-DIAGNOSTIC	54.00	0	38.08
38.09	PLANT OP MISC INCOME	B	-7,703	OPERATION OF PLANT	7.00	0	38.09
38.10	LAB MISC INCOME	B	-20,805	LABORATORY	60.00	0	38.10
38.11	PT MISC INCOME	B	-158,636	PHYSICAL THERAPY	66.00	0	38.11
38.12	PSYCH-PARTIAL HOSP MISC INCOME	B	112	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	38.12
38.13	CLINIC MISC INCOME	B	-7,942	CLINIC	90.00	0	38.13
38.14	BENEFITS MISC INCOME	B	-531,059	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.14
38.15	PHYSICIAN OFFICE MISC INCOME	B	-1,486,601	PHYSICIAN OFFICES	90.03	0	38.15
38.16	DIABETIC MISC INCOME	B	-250	DIABETIC CARE CENTER	90.06	0	38.16
38.17	ER MISC INCOME	B	-205,609	EMERGENCY	91.00	0	38.17
38.18	RAD-THER MISC INCOME	B	-455,279	RADIOLOGY-THERAPEUTIC	55.00	0	38.18
38.19	LAUNDRY MISC INCOME	B	547	LAUNDRY & LINEN SERVICE	8.00	0	38.19
38.20	DIETARY MISC INCOME	B	-3,360	DIETARY	10.00	0	38.20
38.22	CHILD CARE EMPLOYEE REVENUE	B	-483,473	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.22
39.00	PROMOTION EXPENSE	A	-12,500	ADMINISTRATIVE & GENERAL	5.00	0	39.00
39.01	PROMOTION EXPENSE	A	-1,131	HOME HEALTH AGENCY	101.00	0	39.01
39.02	PROMOTION EXPENSE	A	-126	ELECTROENCEPHALOGRAPHY	70.00	0	39.02
39.03	PROMOTION EXPENSE	A	-120,465	ADULTS & PEDIATRICS	30.00	0	39.03
39.04	PROMOTION EXPENSE	A	-573	DELIVERY ROOM & LABOR ROOM	52.00	0	39.04
39.05	PROMOTION EXPENSE	A	-162	RADIOLOGY-DIAGNOSTIC	54.00	0	39.05
39.06	PROMOTION EXPENSE	A	-1,254	LABORATORY	60.00	0	39.06
39.07	PROMOTION EXPENSE	A	-442	RESPIRATORY THERAPY	65.00	0	39.07
39.08			0		0.00	0	39.08
39.10	PROMOTION EXPENSE	A	-400	CHILLI FAMILY PHYSICIANS	90.01	0	39.10
39.11	PROMOTION EXPENSE	A	-20,149	PHYSICIAN OFFICES	90.03	0	39.11
39.12			0		0.00	0	39.12
39.14	PROMOTION EXPENSE	A	-6,062	HOSPICE	116.00	0	39.14
40.00	PHYSICIAN RECRUITMENT	A	-45,549	NURSING SCHOOL	20.00	0	40.00
40.01	PHYSICIAN RECRUITMENT	A	-70,396	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	0	40.01
40.03	PHYSICIAN RECRUITMENT	A	-795	PHYSICIAN OFFICES	90.03	0	40.03
41.00			0		0.00	0	41.00
41.01			0		0.00	0	41.01
42.00			0		0.00	0	42.00
43.00	CRNA SALARIES	A	-4,052,137	ANESTHESIOLOGY	53.00	0	43.00
43.02	CRNA BENEFITS	A	-844,040	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.02
44.01	PHYSICIAN BENEFITS	A	-1,458	ADULTS & PEDIATRICS	30.00	0	44.01
44.02	PHYSICIAN BENEFITS	A	-729	SUBPROVIDER - IRF	41.00	0	44.02
44.03	PHYSICIAN BENEFITS	A	-21,224	OPERATING ROOM	50.00	0	44.03
44.06	PHYSICIAN BENEFITS	A	-1,021,188	ANESTHESIOLOGY	53.00	0	44.06
44.07	PHYSICIAN BENEFITS	A	-139,642	CLINIC	90.00	0	44.07
44.08	PHYSICIAN BENEFITS	A	-200,916	CHILLI FAMILY PHYSICIANS	90.01	0	44.08
44.09	PHYSICIAN BENEFITS	A	-6,139,192	PHYSICIAN OFFICES	90.03	0	44.09
44.10	PHYSICIAN BENEFITS	A	-30,878	DIABETIC CARE CENTER	90.06	0	44.10
45.00	PHYSICIAN BENEFITS	A	-94,619	WOUND CARE CENTER	90.07	0	45.00
46.00	REMOVE NON-ALLOWABLE INTEREST	A	-1,975,930	INTEREST EXPENSE	113.00	0	46.00
47.00	SELF INSURANCE ADJUSTMENT	A	-5,005,240	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.00
47.01	PENSION ADJUSTMENT	A	10,036,040	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	47.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,897,635				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 140209

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

Worksheet A-8

Date/Time Prepared:
5/19/2016 5:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	

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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 Date/Time Prepared: 5/19/2016 5:41 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PEORIA HOME OFFICE	2,251,079	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	PEORIA HOME OFFICE	1,422,952	0	2.00
3.00	13.00	NURSING ADMINISTRATION	PEORIA HOME OFFICE	4,561,092	0	3.00
3.01	7.00	OPERATION OF PLANT	PEORIA HOME OFFICE	90,389	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PEORIA HOME OFFICE	47,230,775	0	3.02
4.00	30.00	ADULTS & PEDIATRICS	PEORIA HOME OFFICE	331,267	0	4.00
4.01	113.00	INTEREST EXPENSE	PEORIA HOME OFFICE	483,910	522,329	4.01
4.02	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	45,779	56,076	4.02
4.03	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	72,543	88,856	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	20,390	24,975	4.04
4.06	194.02	WELLNESS CENTER	ATRIUM BUILDING	233,737	290,048	4.06
4.07	76.97	CARDIAC REHABILITATION	ATRIUM BUILDING	0	4,101	4.07
4.08	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	83,865	121,725	4.08
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	165,482	240,188	4.09
4.10	90.07	WOUND CARE CENTER	ATRIUM BUILDING	83,803	122,276	4.10
4.11	90.06	DIABETIC CARE CENTER	ATRIUM BUILDING	28,523	40,759	4.11
4.12	191.00	RESEARCH	ATRIUM BUILDING	18,447	26,775	4.12
4.13	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	67,247	97,605	4.13
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	47,544	90,469	4.14
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	79,742	115,740	4.15
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	60,256	99,116	4.16
4.17	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	31,980	50,123	4.17
4.18	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	63,449	92,093	4.18
4.19	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	63,403	92,025	4.19
4.20	66.00	PHYSICAL THERAPY	ATRIUM BUILDING	86,066	124,920	4.20
4.21	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	92,570	155,668	4.21
4.22	90.00	CLINIC	FAMILY MEDICAL BUILDING	187,936	316,037	4.22
4.23	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	203,870	90,815	4.23
4.24	90.01	CHILLI FAMILY PHYSICIANS	CHILLICOTHE OFFICE	63,969	93,587	4.24
4.25	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	98,645	107,500	4.25
4.26	90.03	PHYSICIAN OFFICES	CANTON BUILDING	217,797	141,622	4.26
4.27	90.03	PHYSICIAN OFFICES	PEKIN	174,188	230,388	4.27
4.29	90.01	CHILLI FAMILY PHYSICIANS	LACON	34,934	61,200	4.29
4.30	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	48,068	42,000	4.30
4.31	90.03	PHYSICIAN OFFICES	EAST PEORIA	103,960	132,840	4.31
4.32	90.03	PHYSICIAN OFFICES	MMG AT STERLING	89,116	141,975	4.32
4.33	90.03	PHYSICIAN OFFICES	PEARTREE	199,791	127,731	4.33
4.36	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD URGENT	57,037	73,128	4.36
4.37	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PRACTIC	62,390	79,992	4.37
4.38	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PEDS	39,181	50,256	4.38
4.39	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	163,903	146,344	4.39
4.40	90.03	PHYSICIAN OFFICES	PODITORY	82,420	73,588	4.40
4.42	90.03	PHYSICIAN OFFICES	NORTHSIDE	889,518	732,914	4.42
4.43	90.03	PHYSICIAN OFFICES	NORTHSIDE	556,964	549,626	4.43
4.44	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	285,077	279,106	4.44
4.45	58.01	NORTHSIDE MRI	NORTHSIDE MRI	177,967	174,239	4.45
4.46	57.01	NORTHSIDE CT	NORTHSIDE CT	177,967	174,239	4.46
4.47	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPH	214,220	209,733	4.47
4.48	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	184,559	180,693	4.48
4.50	90.03	PHYSICIAN OFFICES	PRAIRIE POINT	119,796	106,300	4.50
4.51	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	27,243	0	4.51
4.52	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	32,851	0	4.52
4.54	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	82,815	0	4.54
4.55	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	43,169	0	4.55
4.56	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	12,134	0	4.56
4.57	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	26,029	0	4.57
4.59	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	6,354	0	4.59
4.60	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	18,648	0	4.60
4.73	90.03	PHYSICIAN OFFICES	MMG ADMIN	12,329,911	12,483,021	4.73
5.00	0		0	74,728,717	19,254,741	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	

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet A-8-1 Date/Time Prepared: 5/19/2016 5:41 pm

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

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

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

6.00	B	UNITYPOINT HEAL	100.00	UNITYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-1 | Date/Time Prepared: 5/19/2016 5:41 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,251,079	0		1.00
2.00	1,422,952	0		2.00
3.00	4,561,092	0		3.00
3.01	90,389	0		3.01
3.02	47,230,775	0		3.02
4.00	331,267	0		4.00
4.01	-38,419	0		4.01
4.02	-10,297	0		4.02
4.03	-16,313	0		4.03
4.04	-4,585	0		4.04
4.06	-56,311	0		4.06
4.07	-4,101	0		4.07
4.08	-37,860	0		4.08
4.09	-74,706	0		4.09
4.10	-38,473	0		4.10
4.11	-12,236	0		4.11
4.12	-8,328	0		4.12
4.13	-30,358	0		4.13
4.14	-42,925	0		4.14
4.15	-35,998	0		4.15
4.16	-38,860	0		4.16
4.17	-18,143	0		4.17
4.18	-28,644	0		4.18
4.19	-28,622	0		4.19
4.20	-38,854	0		4.20
4.21	-63,098	0		4.21
4.22	-128,101	0		4.22
4.23	113,055	0		4.23
4.24	-29,618	0		4.24
4.25	-8,855	0		4.25
4.26	76,175	0		4.26
4.27	-56,200	0		4.27
4.29	-26,266	0		4.29
4.30	6,068	0		4.30
4.31	-28,880	0		4.31
4.32	-52,859	0		4.32
4.33	72,060	0		4.33
4.36	-16,091	0		4.36
4.37	-17,602	0		4.37
4.38	-11,075	0		4.38
4.39	17,559	0		4.39
4.40	8,832	0		4.40
4.42	156,604	0		4.42
4.43	7,338	0		4.43
4.44	5,971	0		4.44
4.45	3,728	0		4.45
4.46	3,728	0		4.46
4.47	4,487	0		4.47
4.48	3,866	0		4.48
4.50	13,496	0		4.50
4.51	27,243	9		4.51
4.52	32,851	9		4.52
4.54	82,815	9		4.54
4.55	43,169	9		4.55
4.56	12,134	9		4.56
4.57	26,029	9		4.57
4.59	6,354	9		4.59
4.60	18,648	9		4.60
4.73	-153,110	0		4.73
5.00	55,473,976			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		

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet A-8-1 Date/Time Prepared: 5/19/2016 5:41 pm

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

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

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

6.00	HEALTH SYSTEM		6.00
7.00	NOT FOR PROFIT		7.00
8.00	NOT FOR PROFIT		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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/19/2016 5:41 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	749,487	313,095	436,392	211,500	2,267	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	110,740	70,740	40,000	211,500	267	2.00
3.00	43.00	AGGREGATE-NURSERY	86,663	86,663	0	211,500	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	176,292	101,895	74,396	246,400	341	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,581,534	1,562,159	19,375	237,100	78	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,903,100	4,902,600	500	239,400	4	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	190,911	182,986	7,925	271,900	58	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	137,652	137,652	0	271,900	0	8.00
9.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	200	200	0	211,500	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	574,407	574,407	0	211,500	0	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	18,900	0	18,900	211,500	236	11.00
12.00	90.00	AGGREGATE-CLINIC	684,182	670,405	13,777	211,500	105	12.00
13.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	967,073	964,573	2,500	211,500	17	13.00
14.00	90.03	AGGREGATE-PHYSICIAN OFFICES	30,669,279	29,693,995	975,284	211,500	7,381	14.00
15.00	90.06	AGGREGATE-DIABETIC CARE CENTER	148,242	148,242	0	211,500	0	15.00
16.00	90.07	AGGREGATE-WOUND CARE CENTER	454,256	454,256	0	211,500	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	2,427,971	2,153,392	274,579	211,500	1,182	17.00
200.00			43,880,889	42,017,260	1,863,628		11,936	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	230,515	11,526	0	0	0	1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	27,149	1,357	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	40,395	2,020	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	8,891	445	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	460	23	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	7,582	379	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	23,997	1,200	0	0	0	11.00
12.00	90.00	AGGREGATE-CLINIC	10,677	534	0	0	0	12.00
13.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	1,729	86	0	0	0	13.00
14.00	90.03	AGGREGATE-PHYSICIAN OFFICES	750,520	37,526	0	0	0	14.00
15.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	0	0	15.00
16.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	16.00
17.00	91.00	AGGREGATE-EMERGENCY	120,189	6,009	0	0	0	17.00
200.00			1,222,104	61,105	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	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	230,515	205,877	518,972		1.00
2.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	27,149	12,851	83,591		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	86,663		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	40,395	34,001	135,897		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	8,891	10,484	1,572,643		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	460	40	4,902,640		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	7,582	343	183,329		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	137,652		8.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet A-8-2 | Date/Time Prepared: 5/19/2016 5:41 pm

	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		
9.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	200		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	574,407		10.00
11.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	23,997	0	0		11.00
12.00	90.00	AGGREGATE-CLINIC	0	10,677	3,100	673,505		12.00
13.00	90.01	AGGREGATE-CHILLI FAMILY PHYSICIANS	0	1,729	771	965,344		13.00
14.00	90.03	AGGREGATE-PHYSICIAN OFFICES	0	750,520	224,764	29,918,759		14.00
15.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	148,242		15.00
16.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	454,256		16.00
17.00	91.00	AGGREGATE-EMERGENCY	0	120,189	154,390	2,307,782		17.00
200.00			0	1,222,104	646,621	42,663,882		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,400,983	12,400,983				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,674,118		1,674,118			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	14,489,178	79,677	669	14,569,524		4.00
4.01	00401	PARKING	0	2,891	139,530	11,774	154,195	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	60,384,566	566,804	7,269	562,061	7,095	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,513,951	254,257	56,554	176,978	3,183	6.00
7.00	00700	OPERATION OF PLANT	12,736,527	2,160,457	144,649	89,760	27,043	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,019,082	43,782	145	13,672	548	8.00
9.00	00900	HOUSEKEEPING	3,428,600	157,488	2,900	233,228	1,971	9.00
10.00	01000	DIETARY	2,181,293	250,544	6,958	152,389	3,136	10.00
11.00	01100	CAFETERIA	980,395	165,359	12,153	110,370	2,070	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,665,100	0	0	105,261	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-165,239	123,048	21,793	74,270	1,540	14.00
15.00	01500	PHARMACY	4,502,175	93,980	25,368	404,156	1,176	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,422,952	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	1,718,976	45,089	589,417	21,517	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	5,538,285	112,748	4,538	492,179	1,411	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,342,982	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,187,179	1,263,671	22,632	1,295,531	15,818	30.00
31.00	03100	INTENSIVE CARE UNIT	5,780,299	385,483	39,625	520,063	4,825	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	227,748	1,471	143	2,333	18	34.00
40.00	04000	SUBPROVIDER - IPF	4,487,518	427,622	5,467	407,037	5,353	40.00
41.00	04100	SUBPROVIDER - IRF	2,479,651	327,518	5,096	214,213	4,100	41.00
43.00	04300	NURSERY	1,371,536	50,523	3,030	121,855	632	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,210,174	754,815	300,207	755,933	9,448	50.00
51.00	05100	RECOVERY ROOM	2,163,621	285,122	6,667	186,714	3,569	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,848,100	198,345	11,306	190,524	2,483	52.00
53.00	05300	ANESTHESIOLOGY	1,131,055	18,016	38,155	589,964	226	53.00
53.01	03950	PAIN CLINIC	122,826	0	204	909	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,266,002	550,722	149,518	390,617	6,894	54.00
54.01	05401	NORTHSIDE IMAGING	436,961	0	21,798	12,153	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	344,571	0	16,380	9,518	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	324,023	0	14,112	11,928	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,421,074	196,565	176,405	109,740	2,460	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	447,161	190,269	6,296	40,733	2,382	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	657,105	0	0	41,914	0	57.00
57.01	05701	NORTHSIDE CT	297,415	0	13,608	8,306	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	539,392	91,037	45,078	42,629	1,140	58.00
58.01	05801	NORTHSIDE MRI	310,633	0	64,231	8,573	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	486,315	50,129	28,321	39,686	627	59.00
60.00	06000	LABORATORY	11,978,653	374,071	25,115	518,110	4,682	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,156,841	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,377,363	185,547	9,330	208,386	2,323	64.00
65.00	06500	RESPIRATORY THERAPY	1,722,405	44,073	17,775	126,741	552	65.00
66.00	06600	PHYSICAL THERAPY	1,684,138	76,751	327	0	961	66.00
67.00	06700	OCCUPATIONAL THERAPY	757,404	40,548	181	0	508	67.00
68.00	06800	SPEECH PATHOLOGY	532,390	15,484	201	4,867	194	68.00
69.00	06900	ELECTROCARDIOLOGY	422,885	19,915	3,655	35,854	249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	858,542	0	7,391	65,940	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,158,194	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,357,749	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,125,644	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	282,760	19,402	2,333	19,965	243	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	412,866	69,548	73	41,341	871	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,312,612	111,516	16,662	70,427	1,396	76.01
76.02	03140	CARDIOLOGY	666,958	172,921	27,615	57,801	2,165	76.02
76.03	03560	PULMONARY FUNCTION TESTING	199,111	8,007	1,970	18,522	100	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			0	1.00	2.00	4.00	4.01	
76.97	07697	CARDIAC REHABILITATION	32,917	0	136	3,258	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	329,378	0	0	6,810	0	76.98
76.99	07699	LITHOTRIPSY	22,679	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,998,220	45,459	18,817	280,330	569	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,306,505	0	1,719	113,280	0	90.01
90.03	09002	PHYSICIAN OFFICES	20,106,747	324,199	75,210	3,835,152	4,058	90.03
90.06	09003	DIABETIC CARE CENTER	272,528	0	129	40,063	0	90.06
90.07	09004	WOUND CARE CENTER	218,154	0	548	62,163	0	90.07
91.00	09100	EMERGENCY	4,143,997	204,230	21,915	328,044	2,556	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,768,609	0	5,071	443,835	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,750,119	0	195	93,078	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	285,611,675	12,232,990	1,672,262	14,390,355	152,092	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,130,044	0	0	28,134	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	18,383	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	792,548	0	1,856	36,489	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,599,790	167,993	0	114,546	2,103	194.05
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)	289,152,440	12,400,983	1,674,118	14,569,524	154,195	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	61,527,795	61,527,795				5.00
6.00	00600	MAINTENANCE & REPAIRS	4,004,923	1,082,547	5,087,470			6.00
7.00	00700	OPERATION OF PLANT	15,158,436	4,097,386	955,982	20,211,804		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,077,229	291,179	19,373	94,776	1,482,557	8.00
9.00	00900	HOUSEKEEPING	3,824,187	1,033,693	69,687	340,919	0	9.00
10.00	01000	DIETARY	2,594,320	701,255	110,863	542,359	0	10.00
11.00	01100	CAFETERIA	1,270,347	343,380	73,170	357,956	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,770,361	1,559,752	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,412	14,978	54,448	266,365	86,925	14.00
15.00	01500	PHARMACY	5,026,855	1,358,779	41,585	203,440	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,422,952	384,630	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,374,999	641,972	760,631	3,721,111	1	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,149,161	1,662,143	49,890	244,069	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,342,982	633,317	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,784,831	4,807,311	559,162	2,735,499	399,254	30.00
31.00	03100	INTENSIVE CARE UNIT	6,730,295	1,819,226	170,573	834,464	118,137	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	231,713	62,633	651	3,185	369	34.00
40.00	04000	SUBPROVIDER - IPF	5,332,997	1,441,530	189,219	925,685	58,000	40.00
41.00	04100	SUBPROVIDER - IRF	3,030,578	819,177	144,923	708,985	51,555	41.00
43.00	04300	NURSERY	1,547,576	418,316	22,356	109,368	19,587	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,030,577	6,225,257	333,998	1,633,966	191,048	50.00
51.00	05100	RECOVERY ROOM	2,645,693	715,141	126,164	617,209	3,930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,250,758	608,389	87,766	429,361	72,486	52.00
53.00	05300	ANESTHESIOLOGY	1,777,416	480,443	7,972	38,999	0	53.00
53.01	03950	PAIN CLINIC	123,939	33,501	0	0	14,701	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,363,753	1,720,148	243,689	1,192,161	93,780	54.00
54.01	05401	NORTHSIDE IMAGING	470,912	127,289	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	370,469	100,139	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	350,063	94,623	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,906,244	515,265	86,978	425,510	28,094	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	686,841	185,656	84,192	411,880	20,284	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	699,019	188,948	0	0	0	57.00
57.01	05701	NORTHSIDE CT	319,329	86,316	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	719,276	194,423	40,283	197,070	0	58.00
58.01	05801	NORTHSIDE MRI	383,437	103,645	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	605,078	163,555	22,182	108,516	0	59.00
60.00	06000	LABORATORY	12,900,631	3,487,092	165,523	809,761	629	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,156,841	312,699	0	0	34	63.00
64.00	06400	INTRAVENOUS THERAPY	2,782,949	752,242	82,103	401,658	85,196	64.00
65.00	06500	RESPIRATORY THERAPY	1,911,546	516,699	19,502	95,405	6,390	65.00
66.00	06600	PHYSICAL THERAPY	1,762,177	476,323	33,962	166,145	2,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	798,641	215,876	17,942	87,776	0	67.00
68.00	06800	SPEECH PATHOLOGY	553,136	149,515	6,851	33,518	921	68.00
69.00	06900	ELECTROCARDIOLOGY	482,558	130,437	8,812	43,110	24,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,873	251,889	0	0	9,505	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,158,194	583,368	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,357,749	2,259,133	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,125,644	3,818,218	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	324,703	87,769	8,585	41,999	2,342	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	524,699	141,828	30,774	150,552	687	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,512,613	408,865	49,345	241,402	12,552	76.01
76.02	03140	CARDIOLOGY	927,460	250,696	76,516	374,326	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	227,710	61,551	3,543	17,333	734	76.03
76.97	07697	CARDIAC REHABILITATION	36,311	9,815	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	336,188	90,873	0	0	0	76.98
76.99	07699	LITHOTRIPSY	22,679	6,130	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,343,395	903,733	20,115	98,405	2,491	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	1,421,504	384,238	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	24,345,366	6,580,595	143,455	701,800	7,642	90.03
90.06	09003	DIABETIC CARE CENTER	312,720	84,529	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	280,865	75,919	0	0	10,139	90.07
91.00	09100	EMERGENCY	4,700,742	1,270,629	90,370	442,102	133,884	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,217,515	1,950,923	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,843,392	498,276	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	285,260,554	60,475,802	5,013,135	19,848,145	1,458,578	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	1,158,178	313,060	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	18,383	4,969	0	0	0	194.01
194.02	07952	WELLNESS CENTER	830,893	224,594	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,884,432	509,370	74,335	363,659	23,979	194.05
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	289,152,440	61,527,795	5,087,470	20,211,804	1,482,557	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,268,486					9.00
10.00	01000	DIETARY	0	3,948,797				10.00
11.00	01100	CAFETERIA	124,035	0	2,168,888			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	24,810	0	7,354,923	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	90,585	0	27,635	0	0	14.00
15.00	01500	PHARMACY	30,749	0	63,311	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	176,046	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	78,464	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,450,818	2,421,560	292,465	0	1,352,902	30.00
31.00	03100	INTENSIVE CARE UNIT	513,801	167,227	103,682	0	479,621	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,493	162,588	408	0	1,886	34.00
40.00	04000	SUBPROVIDER - IPF	422,177	763,971	108,180	0	500,429	40.00
41.00	04100	SUBPROVIDER - IRF	181,170	433,451	49,226	0	227,716	41.00
43.00	04300	NURSERY	82,898	0	21,760	0	100,658	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	941,380	0	162,186	0	750,253	50.00
51.00	05100	RECOVERY ROOM	121,958	0	39,176	0	181,223	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	139,618	0	39,246	0	181,548	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53,640	0	248,134	53.00
53.01	03950	PAIN CLINIC	0	0	253	0	1,170	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	78,950	0	90,286	0	417,652	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	67,108	0	20,284	0	93,830	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	7,591	0	35,113	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	9,826	0	45,452	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	8,392	0	38,820	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	7,056	0	32,642	59.00
60.00	06000	LABORATORY	115,101	0	146,611	0	678,206	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	271,132	0	47,540	0	219,913	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	31,093	0	143,834	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,948	0	857	0	3,966	68.00
69.00	06900	ELECTROCARDIOLOGY	28,879	0	8,153	0	37,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	15,041	0	69,576	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,283	0	2,966	0	13,720	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	6,719	0	31,082	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	67,731	0	13,635	0	63,074	76.01
76.02	03140	CARDIOLOGY	145,851	0	11,878	0	54,946	76.02
76.03	03560	PULMONARY FUNCTION TESTING	4,779	0	4,020	0	18,597	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	787	0	3,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	2,291	0	10,599	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,699	0	74,500	0	344,630	90.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	202,247	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	6,410	0	29,651	90.06
90.07	09004	WOUND CARE CENTER	0	0	4,273	0	19,767	90.07
91.00	09100	EMERGENCY	346,343	0	72,729	0	336,437	91.00
92.00	09200	OBSERVATION BEDS						92.00
	OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	93,378	0	431,958	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	20,832	0	96,366	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,268,486	3,948,797	2,149,883	0	7,296,726	118.00
	NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	6,424	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	12,581	0	58,197	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	5,268,486	3,948,797	2,168,888	0	7,354,923	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	596,348					14.00
15.00	01500	PHARMACY	2,515	6,727,234				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,807,582			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	543	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	1	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,665	0	616,150	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,873	0	13,677	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,933	0	14,529	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	635	0	102,313	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,108	0	29,667	0	0	41.00
43.00	04300	NURSERY	3,064	0	108,401	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	332,961	0	563,553	0	0	50.00
51.00	05100	RECOVERY ROOM	4,062	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,219	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,500	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	5,360	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,439	0	71,022	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	37	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	26	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	21	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,314	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,930	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	455	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,954	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	714	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	32,041	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,719	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	97	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,037	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	61,694	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,541,899	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,189	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	14,018	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	366	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	4	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	981	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,518	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	764	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	13,564	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	153	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	2,206	0	0	0	0	90.07
91.00	09100	EMERGENCY	12,137	0	288,270	0	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,313	3,089	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,195	178,519	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	596,326	6,723,507	1,807,582	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	35	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	22	3,692	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	596,348	6,727,234	1,807,582	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	7,675,303					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		8,183,728				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			2,976,299			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,877,027	2,152,199	782,722	42,259,565	-2,934,921	30.00
31.00	03100	INTENSIVE CARE UNIT	183,309	9,835	3,577	11,153,297	-13,412	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	82,687	9,835	3,577	582,487	-13,412	34.00
40.00	04000	SUBPROVIDER - IPF	72,304	118,021	42,922	10,078,383	-160,943	40.00
41.00	04100	SUBPROVIDER - IRF	116,669	0	0	5,796,225	0	41.00
43.00	04300	NURSERY	6,419	14,393	5,234	2,460,030	-19,627	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	243,957	88,724	34,582,530	-332,681	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,454,556	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	0	0	3,991,394	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,618,104	0	53.00
53.01	03950	PAIN CLINIC	0	62,369	22,683	263,976	-85,052	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,786	10,469	10,332,135	-39,255	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	598,238	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	470,634	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	444,707	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,144,627	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	1,431,557	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	948,175	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	406,100	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,200,218	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	487,796	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	939,029	0	59.00
60.00	06000	LABORATORY	3,021	0	0	18,338,616	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,469,574	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	4,642,733	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,728,188	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,441,112	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,120,235	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	752,712	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	764,536	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,279,921	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	2,803,256	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	10,616,882	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,485,761	0	73.00
74.00	07400	RENAL DIALYSIS	15,292	0	0	517,848	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	886,342	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	66,686	24,253	2,489,466	-90,939	76.01
76.02	03140	CARDIOLOGY	0	0	0	1,842,039	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	338,267	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION	9,628	0	0	60,186	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	440,932	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	28,809	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,417,985	879,385	8,106,856	-3,297,370	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	1,806,506	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	2,819,783	1,025,512	35,839,964	-3,845,295	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	433,463	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	7,196	2,617	418,274	-9,813	90.07
91.00	09100	EMERGENCY	18,690	199,100	72,410	7,983,843	-271,510	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	9,701,176	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	2,638,580	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,675,303	8,150,145	2,964,085	283,619,840	-11,114,230	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	33,583	12,214	1,523,494	-45,797	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	23,352	0	194.01
194.02	07952	WELLNESS CENTER	0	0	0	1,129,979	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	2,855,775	0	194.05
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,675,303	8,183,728	2,976,299	289,152,440	-11,160,027	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	39,324,644		30.00
31.00	03100	INTENSIVE CARE UNIT	11,139,885		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	569,075		34.00
40.00	04000	SUBPROVIDER - IPF	9,917,440		40.00
41.00	04100	SUBPROVIDER - IRF	5,796,225		41.00
43.00	04300	NURSERY	2,440,403		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	34,249,849		50.00
51.00	05100	RECOVERY ROOM	4,454,556		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,991,394		52.00
53.00	05300	ANESTHESIOLOGY	2,618,104		53.00
53.01	03950	PAIN CLINIC	178,924		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,292,880		54.00
54.01	05401	NORTHSIDE IMAGING	598,238		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	470,634		54.02
54.03	05403	NORTHSIDE ULTRASOUND	444,707		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,144,627		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,431,557		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	948,175		57.00
57.01	05701	NORTHSIDE CT	406,100		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,200,218		58.00
58.01	05801	NORTHSIDE MRI	487,796		58.01
59.00	05900	CARDIAC CATHETERIZATION	939,029		59.00
60.00	06000	LABORATORY	18,338,616		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,469,574		63.00
64.00	06400	INTRAVENOUS THERAPY	4,642,733		64.00
65.00	06500	RESPIRATORY THERAPY	2,728,188		65.00
66.00	06600	PHYSICAL THERAPY	2,441,112		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,235		67.00
68.00	06800	SPEECH PATHOLOGY	752,712		68.00
69.00	06900	ELECTROCARDIOLOGY	764,536		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,279,921		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,803,256		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,616,882		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,485,761		73.00
74.00	07400	RENAL DIALYSIS	517,848		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,342		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,398,527		76.01
76.02	03140	CARDIOLOGY	1,842,039		76.02
76.03	03560	PULMONARY FUNCTION TESTING	338,267		76.03
76.97	07697	CARDIAC REHABILITATION	60,186		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,932		76.98
76.99	07699	LITHOTRIPSY	28,809		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	4,809,486		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,806,506		90.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part I Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Total		
			26.00		
90.03	09002	PHYSICIAN OFFICES	31,994,669		90.03
90.06	09003	DIABETIC CARE CENTER	433,463		90.06
90.07	09004	WOUND CARE CENTER	408,461		90.07
91.00	09100	EMERGENCY	7,712,333		91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	9,701,176		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	2,638,580		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	272,505,610		118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,477,697		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	HEARTLAND PHARMACY	0		194.00
194.01	07951	FOUNDATION	23,352		194.01
194.02	07952	WELLNESS CENTER	1,129,979		194.02
194.03	07954	CAPITAL LABOR	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,855,775		194.05
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	277,992,413		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,530	79,677	669	81,876	81,876	4.00
4.01	00401	PARKING	318,987	2,891	139,530	461,408	66	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	335,232	566,804	7,269	909,305	3,158	5.00
6.00	00600	MAINTENANCE & REPAIRS	107,500	254,257	56,554	418,311	994	6.00
7.00	00700	OPERATION OF PLANT	2,287,929	2,160,457	144,649	4,593,035	504	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	331	43,782	145	44,258	77	8.00
9.00	00900	HOUSEKEEPING	8,369	157,488	2,900	168,757	1,310	9.00
10.00	01000	DIETARY	12,407	250,544	6,958	269,909	856	10.00
11.00	01100	CAFETERIA	190,632	165,359	12,153	368,144	620	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	591	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97,935	123,048	21,793	242,776	417	14.00
15.00	01500	PHARMACY	62,360	93,980	25,368	181,708	2,271	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	1,718,976	45,089	1,764,065	3,312	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	35,921	112,748	4,538	153,207	2,765	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	5,333	0	0	5,333	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,840	1,263,671	22,632	1,332,143	7,279	30.00
31.00	03100	INTENSIVE CARE UNIT	80,064	385,483	39,625	505,172	2,922	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	286	1,471	143	1,900	13	34.00
40.00	04000	SUBPROVIDER - IPF	38,738	427,622	5,467	471,827	2,287	40.00
41.00	04100	SUBPROVIDER - IRF	11,476	327,518	5,096	344,090	1,204	41.00
43.00	04300	NURSERY	6,706	50,523	3,030	60,259	685	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	824,900	754,815	300,207	1,879,922	4,247	50.00
51.00	05100	RECOVERY ROOM	15,222	285,122	6,667	307,011	1,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,514	198,345	11,306	235,165	1,071	52.00
53.00	05300	ANESTHESIOLOGY	87,228	18,016	38,155	143,399	3,315	53.00
53.01	03950	PAIN CLINIC	1,518	0	204	1,722	5	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	340,353	550,722	149,518	1,040,593	2,195	54.00
54.01	05401	NORTHSIDE IMAGING	60,249	0	21,798	82,047	68	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	45,274	0	16,380	61,654	53	54.02
54.03	05403	NORTHSIDE ULTRASOUND	39,005	0	14,112	53,117	67	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	282,717	196,565	176,405	655,687	617	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	570,198	190,269	6,296	766,763	229	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	236	57.00
57.01	05701	NORTHSIDE CT	37,612	0	13,608	51,220	47	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,594	91,037	45,078	143,709	240	58.00
58.01	05801	NORTHSIDE MRI	37,612	0	64,231	101,843	48	58.01
59.00	05900	CARDIAC CATHETERIZATION	150,417	50,129	28,321	228,867	223	59.00
60.00	06000	LABORATORY	379,010	374,071	25,115	778,196	2,911	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	18,779	185,547	9,330	213,656	1,171	64.00
65.00	06500	RESPIRATORY THERAPY	60,731	44,073	17,775	122,579	712	65.00
66.00	06600	PHYSICAL THERAPY	31,724	76,751	327	108,802	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,654	40,548	181	42,383	0	67.00
68.00	06800	SPEECH PATHOLOGY	13,968	15,484	201	29,653	27	68.00
69.00	06900	ELECTROCARDIOLOGY	8,331	19,915	3,655	31,901	201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	139,569	0	7,391	146,960	371	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,334	19,402	2,333	27,069	112	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	167	69,548	73	69,788	232	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	26,923	111,516	16,662	155,101	396	76.01
76.02	03140	CARDIOLOGY	60,139	172,921	27,615	260,675	325	76.02
76.03	03560	PULMONARY FUNCTION TESTING	38,586	8,007	1,970	48,563	104	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	136	136	18	76.97

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	38	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	156,914	45,459	18,817	221,190	1,575	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	45,437	0	1,719	47,156	637	90.01
90.03	09002	PHYSICIAN OFFICES	1,757,843	324,199	75,210	2,157,252	21,564	90.03
90.06	09003	DIABETIC CARE CENTER	15,157	0	129	15,286	225	90.06
90.07	09004	WOUND CARE CENTER	27,417	0	548	27,965	349	90.07
91.00	09100	EMERGENCY	46,073	204,230	21,915	272,218	1,843	91.00
92.00	09200	OBSERVATION BEDS				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	91	0	5,071	5,162	2,494	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	150,494	0	195	150,689	523	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,157,330	12,232,990	1,672,262	23,062,582	80,869	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	9,803	0	0	9,803	158	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	124,208	0	1,856	126,064	205	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	167,993	0	167,993	644	194.05
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)	9,291,341	12,400,983	1,674,118	23,366,442	81,876	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING	461,474					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	21,234	933,697				5.00
6.00	00600	MAINTENANCE & REPAIRS	9,525	16,428	445,258			6.00
7.00	00700	OPERATION OF PLANT	80,933	62,180	83,666	4,820,318		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,640	4,419	1,696	22,603	74,693	8.00
9.00	00900	HOUSEKEEPING	5,900	15,687	6,099	81,306	0	9.00
10.00	01000	DIETARY	9,386	10,642	9,703	129,347	0	10.00
11.00	01100	CAFETERIA	6,195	5,211	6,404	85,369	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	23,670	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,610	227	4,765	63,525	4,379	14.00
15.00	01500	PHARMACY	3,521	20,620	3,640	48,519	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,837	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	64,397	9,742	66,571	887,447	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	4,224	25,224	4,366	58,208	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	9,611	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	47,340	72,953	48,938	652,390	20,116	30.00
31.00	03100	INTENSIVE CARE UNIT	14,441	27,608	14,929	199,012	5,952	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	55	950	57	760	19	34.00
40.00	04000	SUBPROVIDER - IPF	16,020	21,876	16,561	220,767	2,922	40.00
41.00	04100	SUBPROVIDER - IRF	12,270	12,431	12,684	169,086	2,597	41.00
43.00	04300	NURSERY	1,893	6,348	1,957	26,083	987	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,277	94,471	29,232	389,685	9,625	50.00
51.00	05100	RECOVERY ROOM	10,681	10,853	11,042	147,198	198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,430	9,233	7,681	102,399	3,652	52.00
53.00	05300	ANESTHESIOLOGY	675	7,291	698	9,301	0	53.00
53.01	03950	PAIN CLINIC	0	508	0	0	741	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,631	26,104	21,328	284,319	4,725	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,932	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,520	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,436	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	7,364	7,819	7,612	101,480	1,415	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	7,128	2,817	7,369	98,229	1,022	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	2,867	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	1,310	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,410	2,950	3,526	46,999	0	58.00
58.01	05801	NORTHSIDE MRI	0	1,573	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,878	2,482	1,941	25,880	0	59.00
60.00	06000	LABORATORY	14,014	52,918	14,487	193,120	32	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	4,745	0	0	2	63.00
64.00	06400	INTRAVENOUS THERAPY	6,951	11,416	7,186	95,792	4,292	64.00
65.00	06500	RESPIRATORY THERAPY	1,651	7,841	1,707	22,753	322	65.00
66.00	06600	PHYSICAL THERAPY	2,875	7,228	2,972	39,624	121	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,519	3,276	1,570	20,934	0	67.00
68.00	06800	SPEECH PATHOLOGY	580	2,269	600	7,994	46	68.00
69.00	06900	ELECTROCARDIOLOGY	746	1,979	771	10,281	1,253	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,823	0	0	479	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	8,853	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	34,283	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,943	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	727	1,332	751	10,016	118	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,605	2,152	2,693	35,905	35	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,178	6,205	4,319	57,572	632	76.01
76.02	03140	CARDIOLOGY	6,478	3,804	6,697	89,273	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	300	934	310	4,134	37	76.03
76.97	07697	CARDIAC REHABILITATION	0	149	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,379	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	93	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,703	13,715	1,760	23,469	125	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	5,831	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	12,145	99,850	12,555	167,373	385	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,283	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	1,152	0	0	511	90.07
91.00	09100	EMERGENCY	7,651	19,282	7,909	105,437	6,745	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	29,606	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,562	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	455,181	917,733	438,752	4,733,589	73,485	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	4,751	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	75	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	3,408	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	6,293	7,730	6,506	86,729	1,208	194.05
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)	461,474	933,697	445,258	4,820,318	74,693	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	279,059					9.00
10.00	01000	DIETARY	0	429,843				10.00
11.00	01100	CAFETERIA	6,570	0	478,513			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	5,474	0	29,735	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,798	0	6,097	0	0	14.00
15.00	01500	PHARMACY	1,629	0	13,968	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	38,840	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	17,311	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	76,845	263,598	64,526	0	5,469	30.00
31.00	03100	INTENSIVE CARE UNIT	27,215	18,203	22,875	0	1,939	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	132	17,698	90	0	8	34.00
40.00	04000	SUBPROVIDER - IPF	22,362	83,161	23,867	0	2,023	40.00
41.00	04100	SUBPROVIDER - IRF	9,596	47,183	10,861	0	921	41.00
43.00	04300	NURSERY	4,391	0	4,801	0	407	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	49,863	0	35,782	0	3,033	50.00
51.00	05100	RECOVERY ROOM	6,460	0	8,643	0	733	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,395	0	8,659	0	734	52.00
53.00	05300	ANESTHESIOLOGY	0	0	11,834	0	1,003	53.00
53.01	03950	PAIN CLINIC	0	0	56	0	5	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,182	0	19,919	0	1,689	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,555	0	4,475	0	379	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	1,675	0	142	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	2,168	0	184	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,851	0	157	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,557	0	132	59.00
60.00	06000	LABORATORY	6,097	0	32,346	0	2,742	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,361	0	10,488	0	889	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,860	0	582	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	209	0	189	0	16	68.00
69.00	06900	ELECTROCARDIOLOGY	1,530	0	1,799	0	152	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	3,318	0	281	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	968	0	654	0	55	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	1,482	0	126	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	3,588	0	3,008	0	255	76.01
76.02	03140	CARDIOLOGY	7,725	0	2,621	0	222	76.02
76.03	03560	PULMONARY FUNCTION TESTING	253	0	887	0	75	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	174	0	15	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	506	0	43	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	990	0	16,437	0	1,393	90.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	44,621	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	1,414	0	120	90.06
90.07	09004	WOUND CARE CENTER	0	0	943	0	80	90.07
91.00	09100	EMERGENCY	18,345	0	16,046	0	1,360	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	20,602	0	1,746	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,596	0	390	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	279,059	429,843	474,320	0	29,500	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	1,417	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	2,776	0	235	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	279,059	429,843	478,513	0	29,735	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	259,649					14.00
15.00	01500	PHARMACY	1,095	276,971				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,837			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	236	0	0	0		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,045	0	1,990	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,557	0	44	0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,583	0	47	0		34.00
40.00	04000	SUBPROVIDER - IPF	277	0	330	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,353	0	96	0		41.00
43.00	04300	NURSERY	1,334	0	350	0		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	144,974	0	1,820	0		50.00
51.00	05100	RECOVERY ROOM	1,769	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,143	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	5,007	0	0	0		53.00
53.01	03950	PAIN CLINIC	2,334	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,334	0	229	0		54.00
54.01	05401	NORTHSIDE IMAGING	16	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	11	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	9	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	572	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,146	0	0	0		57.00
57.01	05701	NORTHSIDE CT	198	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	851	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	311	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	13,950	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,619	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	42	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	887	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	26,861	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	269,341	0	0		73.00
74.00	07400	RENAL DIALYSIS	953	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	6,103	0	0	0		76.01
76.02	03140	CARDIOLOGY	160	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	2	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	427	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,532	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	333	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	5,906	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	67	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	960	0	0	0		90.07
91.00	09100	EMERGENCY	5,284	0	931	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	1,878	127	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	520	7,350	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,639	276,818	5,837	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	1	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0		194.00
194.01	07951	FOUNDATION	0	0	0	0		194.01
194.02	07952	WELLNESS CENTER	10	152	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0		194.05
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	71,945	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	331,594	276,971	5,837	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	2,834,610					20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD		265,305				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			14,944			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				2,605,632	0	30.00
31.00	03100	INTENSIVE CARE UNIT				842,869	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				24,312	0	34.00
40.00	04000	SUBPROVIDER - IPF				884,280	0	40.00
41.00	04100	SUBPROVIDER - IRF				624,372	0	41.00
43.00	04300	NURSERY				109,495	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				2,670,931	0	50.00
51.00	05100	RECOVERY ROOM				505,637	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				386,562	0	52.00
53.00	05300	ANESTHESIOLOGY				182,523	0	53.00
53.01	03950	PAIN CLINIC				5,371	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,435,248	0	54.00
54.01	05401	NORTHSIDE IMAGING				84,063	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY				63,238	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND				54,629	0	54.03
54.04	05404	NORTHSIDE CARDIO				0	0	54.04
54.05	05405	NORTHSIDE ADMIN				0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC				790,975	0	55.00
56.00	05600	RADIOISOTOPE				0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC				885,374	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN				7,601	0	57.00
57.01	05701	NORTHSIDE CT				52,775	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				203,693	0	58.00
58.01	05801	NORTHSIDE MRI				103,775	0	58.01
59.00	05900	CARDIAC CATHETERIZATION				262,960	0	59.00
60.00	06000	LABORATORY				1,110,813	0	60.00
60.01	06001	NORTHSIDE LAB				0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				4,747	0	63.00
64.00	06400	INTRAVENOUS THERAPY				366,202	0	64.00
65.00	06500	RESPIRATORY THERAPY				166,626	0	65.00
66.00	06600	PHYSICAL THERAPY				161,664	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				69,682	0	67.00
68.00	06800	SPEECH PATHOLOGY				41,583	0	68.00
69.00	06900	ELECTROCARDIOLOGY				50,613	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				156,119	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS				35,714	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				34,283	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				327,284	0	73.00
74.00	07400	RENAL DIALYSIS				42,755	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				115,018	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES				241,357	0	76.01
76.02	03140	CARDIOLOGY				377,980	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING				55,597	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			20.00	21.00	22.00	24.00	25.00	
76.97	07697	CARDIAC REHABILITATION				494	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				2,393	0	76.98
76.99	07699	LITHOTRIPSY				93	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC				283,889	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS				53,957	0	90.01
90.03	09002	PHYSICIAN OFFICES				2,521,651	0	90.03
90.06	09003	DIABETIC CARE CENTER				18,395	0	90.06
90.07	09004	WOUND CARE CENTER				31,960	0	90.07
91.00	09100	EMERGENCY				463,051	0	91.00
92.00	09200	OBSERVATION BEDS					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				0	0	95.00
101.00	10100	HOME HEALTH AGENCY				61,615	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE				171,630	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,753,480	0	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH				16,130	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	19300	NONPAID WORKERS				0	0	193.00
194.00	07950	HEARTLAND PHARMACY				0	0	194.00
194.01	07951	FOUNDATION				75	0	194.01
194.02	07952	WELLNESS CENTER				132,850	0	194.02
194.03	07954	CAPITAL LABOR				0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE				277,103	0	194.05
200.00		Cross Foot Adjustments	2,834,610	265,305	14,944	3,114,859	0	200.00
201.00		Negative Cost Centers	0	0	0	71,945	0	201.00
202.00		TOTAL (sum lines 118-201)	2,834,610	265,305	14,944	23,366,442	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,605,632		30.00
31.00	03100	INTENSIVE CARE UNIT	842,869		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,312		34.00
40.00	04000	SUBPROVIDER - IPF	884,280		40.00
41.00	04100	SUBPROVIDER - IRF	624,372		41.00
43.00	04300	NURSERY	109,495		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	2,670,931		50.00
51.00	05100	RECOVERY ROOM	505,637		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562		52.00
53.00	05300	ANESTHESIOLOGY	182,523		53.00
53.01	03950	PAIN CLINIC	5,371		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248		54.00
54.01	05401	NORTHSIDE IMAGING	84,063		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238		54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629		54.03
54.04	05404	NORTHSIDE CARDIO	0		54.04
54.05	05405	NORTHSIDE ADMIN	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601		57.00
57.01	05701	NORTHSIDE CT	52,775		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693		58.00
58.01	05801	NORTHSIDE MRI	103,775		58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960		59.00
60.00	06000	LABORATORY	1,110,813		60.00
60.01	06001	NORTHSIDE LAB	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747		63.00
64.00	06400	INTRAVENOUS THERAPY	366,202		64.00
65.00	06500	RESPIRATORY THERAPY	166,626		65.00
66.00	06600	PHYSICAL THERAPY	161,664		66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682		67.00
68.00	06800	SPEECH PATHOLOGY	41,583		68.00
69.00	06900	ELECTROCARDIOLOGY	50,613		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284		73.00
74.00	07400	RENAL DIALYSIS	42,755		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357		76.01
76.02	03140	CARDIOLOGY	377,980		76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597		76.03
76.97	07697	CARDIAC REHABILITATION	494		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393		76.98
76.99	07699	LITHOTRIPSY	93		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	283,889		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957		90.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B Part II Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	Total		
			26.00		
90.03	09002	PHYSICIAN OFFICES	2,521,651		90.03
90.06	09003	DIABETIC CARE CENTER	18,395		90.06
90.07	09004	WOUND CARE CENTER	31,960		90.07
91.00	09100	EMERGENCY	463,051		91.00
92.00	09200	OBSERVATION BEDS			92.00
	OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0		95.00
101.00	10100	HOME HEALTH AGENCY	61,615		101.00
	SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	171,630		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,753,480		118.00
	NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	16,130		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	HEARTLAND PHARMACY	0		194.00
194.01	07951	FOUNDATION	75		194.01
194.02	07952	WELLNESS CENTER	132,850		194.02
194.03	07954	CAPITAL LABOR	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	277,103		194.05
200.00		Cross Foot Adjustments	3,114,859		200.00
201.00		Negative Cost Centers	71,945		201.00
202.00		TOTAL (sum lines 118-201)	23,366,442		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	724,822					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,016,708				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,657	2,805	129,327,946			4.00
4.01	00401	PARKING	169	584,810	104,514	719,996		4.01
5.00	00500	ADMINISTRATIVE & GENERAL	33,129	30,465	4,989,177	33,129	-61,527,795	5.00
6.00	00600	MAINTENANCE & REPAIRS	14,861	237,034	1,570,960	14,861	0	6.00
7.00	00700	OPERATION OF PLANT	126,276	606,268	796,758	126,276	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,559	607	121,360	2,559	0	8.00
9.00	00900	HOUSEKEEPING	9,205	12,153	2,070,265	9,205	0	9.00
10.00	01000	DIETARY	14,644	29,164	1,352,689	14,644	0	10.00
11.00	01100	CAFETERIA	9,665	50,937	979,712	9,665	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	934,359	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,192	91,340	659,262	7,192	0	14.00
15.00	01500	PHARMACY	5,493	106,326	3,587,523	5,493	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	100,472	188,981	5,232,003	100,472	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,590	19,018	4,368,868	6,590	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,860	94,858	11,499,882	73,860	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,531	166,081	4,616,383	22,531	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	86	600	20,708	86	0	34.00
40.00	04000	SUBPROVIDER - IPF	24,994	22,914	3,613,100	24,994	0	40.00
41.00	04100	SUBPROVIDER - IRF	19,143	21,358	1,901,479	19,143	0	41.00
43.00	04300	NURSERY	2,953	12,698	1,081,652	2,953	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	44,118	1,258,253	6,710,096	44,118	0	50.00
51.00	05100	RECOVERY ROOM	16,665	27,945	1,657,380	16,665	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,593	47,386	1,691,199	11,593	0	52.00
53.00	05300	ANESTHESIOLOGY	1,053	159,918	5,236,865	1,053	0	53.00
53.01	03950	PAIN CLINIC	0	854	8,068	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,189	626,672	3,467,339	32,189	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	91,363	107,881	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	68,654	84,485	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	59,148	105,876	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	11,489	739,364	974,115	11,489	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	11,121	26,387	361,567	11,121	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	372,049	0	0	57.00
57.01	05701	NORTHSIDE CT	0	57,035	73,725	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,321	188,936	378,399	5,321	0	58.00
58.01	05801	NORTHSIDE MRI	0	269,209	76,097	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	2,930	118,703	352,272	2,930	0	59.00
60.00	06000	LABORATORY	21,864	105,263	4,599,041	21,864	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,845	39,106	1,849,756	10,845	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,576	74,502	1,125,030	2,576	0	65.00
66.00	06600	PHYSICAL THERAPY	4,486	1,369	0	4,486	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,370	759	0	2,370	0	67.00
68.00	06800	SPEECH PATHOLOGY	905	842	43,202	905	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,164	15,321	318,263	1,164	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	30,977	585,320	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,134	9,780	177,217	1,134	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,065	305	366,966	4,065	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	6,518	69,835	625,150	6,518	0	76.01
76.02	03140	CARDIOLOGY	10,107	115,742	513,072	10,107	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	468	8,255	164,413	468	0	76.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
			1.00	2.00	4.00	4.01	5A	
76.97	07697	CARDIAC REHABILITATION	0	568	28,918	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	60,448	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,657	78,869	2,488,372	2,657	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	7,203	1,005,536	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	18,949	315,228	34,043,483	18,949	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	540	355,619	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	2,297	551,798	0	0	90.07
91.00	09100	EMERGENCY	11,937	91,851	2,911,909	11,937	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	21,255	3,939,734	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	816	826,217	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	715,003	7,008,927	127,737,531	710,177	-61,527,795	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	249,738	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	7,781	323,901	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	9,819	0	1,016,776	9,819	0	194.05
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)	12,400,983	1,674,118	14,569,524	154,195		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.109005	0.238590	0.112656	0.214161		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			81,876	461,474		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000633	0.640940		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL	227,624,645					5.00
6.00	00600	MAINTENANCE & REPAIRS	4,004,923	672,006				6.00
7.00	00700	OPERATION OF PLANT	15,158,436	126,276	545,730			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,077,229	2,559	2,559	1,358,221		8.00
9.00	00900	HOUSEKEEPING	3,824,187	9,205	9,205	0	25,358	9.00
10.00	01000	DIETARY	2,594,320	14,644	14,644	0	0	10.00
11.00	01100	CAFETERIA	1,270,347	9,665	9,665	0	597	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,770,361	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	55,412	7,192	7,192	79,635	436	14.00
15.00	01500	PHARMACY	5,026,855	5,493	5,493	0	148	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,422,952	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,374,999	100,472	100,472	1	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,149,161	6,590	6,590	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	2,342,982	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,784,831	73,860	73,860	365,771	6,983	30.00
31.00	03100	INTENSIVE CARE UNIT	6,730,295	22,531	22,531	108,229	2,473	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	231,713	86	86	338	12	34.00
40.00	04000	SUBPROVIDER - IPF	5,332,997	24,994	24,994	53,136	2,032	40.00
41.00	04100	SUBPROVIDER - IRF	3,030,578	19,143	19,143	47,231	872	41.00
43.00	04300	NURSERY	1,547,576	2,953	2,953	17,944	399	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,030,577	44,118	44,118	175,026	4,531	50.00
51.00	05100	RECOVERY ROOM	2,645,693	16,665	16,665	3,600	587	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,250,758	11,593	11,593	66,407	672	52.00
53.00	05300	ANESTHESIOLOGY	1,777,416	1,053	1,053	0	0	53.00
53.01	03950	PAIN CLINIC	123,939	0	0	13,468	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,363,753	32,189	32,189	85,915	380	54.00
54.01	05401	NORTHSIDE IMAGING	470,912	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	370,469	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	350,063	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,906,244	11,489	11,489	25,738	323	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	686,841	11,121	11,121	18,583	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	699,019	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	319,329	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	719,276	5,321	5,321	0	0	58.00
58.01	05801	NORTHSIDE MRI	383,437	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	605,078	2,930	2,930	0	0	59.00
60.00	06000	LABORATORY	12,900,631	21,864	21,864	576	554	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,156,841	0	0	31	0	63.00
64.00	06400	INTRAVENOUS THERAPY	2,782,949	10,845	10,845	78,051	1,305	64.00
65.00	06500	RESPIRATORY THERAPY	1,911,546	2,576	2,576	5,854	0	65.00
66.00	06600	PHYSICAL THERAPY	1,762,177	4,486	4,486	2,206	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	798,641	2,370	2,370	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	553,136	905	905	844	19	68.00
69.00	06900	ELECTROCARDIOLOGY	482,558	1,164	1,164	22,787	139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	931,873	0	0	8,708	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,158,194	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	8,357,749	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,125,644	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	324,703	1,134	1,134	2,146	88	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	524,699	4,065	4,065	629	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,512,613	6,518	6,518	11,499	326	76.01
76.02	03140	CARDIOLOGY	927,460	10,107	10,107	0	702	76.02
76.03	03560	PULMONARY FUNCTION TESTING	227,710	468	468	672	23	76.03
76.97	07697	CARDIAC REHABILITATION	36,311	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	336,188	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	22,679	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
			5.00	6.00	7.00	8.00	9.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,343,395	2,657	2,657	2,282	90	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,421,504	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	24,345,366	18,949	18,949	7,001	0	90.03
90.06	09003	DIABETIC CARE CENTER	312,720	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	280,865	0	0	9,289	0	90.07
91.00	09100	EMERGENCY	4,700,742	11,937	11,937	122,656	1,667	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,217,515	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,843,392	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	223,732,759	662,187	535,911	1,336,253	25,358	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	1,158,178	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	18,383	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	830,893	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,884,432	9,819	9,819	21,968	0	194.05
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)	61,527,795	5,087,470	20,211,804	1,482,557	5,268,486	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.270304	7.570572	37.036271	1.091543	207.764256	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	933,697	445,258	4,820,318	74,693	279,059	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004102	0.662580	8.832789	0.054993	11.004772	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	201,753					10.00
11.00	01100	CAFETERIA	0	154,296				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,765	0	113,110		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,966	0	0	20,861,320	14.00
15.00	01500	PHARMACY	0	4,504	0	0	87,989	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	12,524	0	0	18,988	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	5,582	0	0	18	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	123,723	20,806	0	20,806	967,780	30.00
31.00	03100	INTENSIVE CARE UNIT	8,544	7,376	0	7,376	205,436	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,307	29	0	29	207,562	34.00
40.00	04000	SUBPROVIDER - IPF	39,033	7,696	0	7,696	22,219	40.00
41.00	04100	SUBPROVIDER - IRF	22,146	3,502	0	3,502	108,715	41.00
43.00	04300	NURSERY	0	1,548	0	1,548	107,178	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	11,538	0	11,538	11,647,448	50.00
51.00	05100	RECOVERY ROOM	0	2,787	0	2,787	142,113	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,792	0	2,792	252,536	52.00
53.00	05300	ANESTHESIOLOGY	0	3,816	0	3,816	402,288	53.00
53.01	03950	PAIN CLINIC	0	18	0	18	187,502	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,423	0	6,423	749,998	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	1,301	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	898	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	739	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,443	0	1,443	45,969	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	540	0	540	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	699	0	699	172,459	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	15,911	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	597	0	597	68,359	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	24,992	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	502	0	502	0	59.00
60.00	06000	LABORATORY	0	10,430	0	10,430	1,120,872	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,382	0	3,382	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,212	0	2,212	130,105	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	61	0	61	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	580	0	580	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,070	0	1,070	71,261	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	2,158,193	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	211	0	211	76,559	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	478	0	478	24	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	970	0	970	490,395	76.01
76.02	03140	CARDIOLOGY	0	845	0	845	12,817	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	286	0	286	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	56	0	56	132	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	163	0	163	34,318	76.98

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	5,300	0	5,300	123,074	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	26,729	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,388	0	0	474,505	90.03
90.06	09003	DIABETIC CARE CENTER	0	456	0	456	5,348	90.06
90.07	09004	WOUND CARE CENTER	0	304	0	304	77,159	90.07
91.00	09100	EMERGENCY	0	5,174	0	5,174	424,562	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	6,643	0	6,643	150,868	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,482	0	1,482	41,813	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	201,753	152,944	0	112,215	20,860,542	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	457	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	895	0	895	778	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	3,948,797	2,168,888	0	7,354,923	596,348	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.572433	14.056670	0.000000	65.024516	0.028586	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	429,843	478,513	0	29,735	331,594	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.130541	3.101266	0.000000	0.262886	0.012446	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.01	00401	PARKING						4.01
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	13,997,679					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,539				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		81,313	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	15,182	0	0	72,856	30.00
31.00	03100	INTENSIVE CARE UNIT	0	337	0	0	1,942	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	358	0	0	876	34.00
40.00	04000	SUBPROVIDER - IPF	0	2,521	0	0	766	40.00
41.00	04100	SUBPROVIDER - IRF	0	731	0	0	1,236	41.00
43.00	04300	NURSERY	0	2,671	0	0	68	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,886	0	0	897	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	1,854	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,750	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	32	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,612,041	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	162	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	162	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	102	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	162	90.07
91.00	09100	EMERGENCY	0	7,103	0	0	198	91.00
92.00	09200	OBSERVATION BEDS						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,428	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	371,454	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,989,923	44,539	0	0	81,313	118.00
		NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	73	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	7,683	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	6,727,234	1,807,582	0	0	7,675,303	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.480596	40.584252	0.000000	0.000000	94.392078	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	276,971	5,837	0	0	2,834,610	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019787	0.131054	0.000000	0.000000	34.860477	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
4.01	00401	PARKING				4.01
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	34,116			21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		34,116		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	8,972	8,972		30.00
31.00	03100	INTENSIVE CARE UNIT	41	41		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	41	41		34.00
40.00	04000	SUBPROVIDER - IPF	492	492		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	NURSERY	60	60		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,017	1,017		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
53.01	03950	PAIN CLINIC	260	260		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	120	120		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	278	278		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet B-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		Cost Center Description	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			21.00	22.00		
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	10,080	10,080		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	11,755	11,755		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	30	30		90.07
91.00	09100	EMERGENCY	830	830		91.00
92.00	09200	OBSERVATION BEDS				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,976	33,976		118.00
		NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	140	140		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
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)	8,183,728	2,976,299		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	239.879470	87.240562		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	265,305	14,944		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.776556	0.438035		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,324,644		39,324,644	205,877	39,530,521	30.00
31.00	03100	INTENSIVE CARE UNIT	11,139,885		11,139,885	0	11,139,885	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	569,075		569,075	0	569,075	34.00
40.00	04000	SUBPROVIDER - IPF	9,917,440		9,917,440	0	9,917,440	40.00
41.00	04100	SUBPROVIDER - IRF	5,796,225		5,796,225	12,851	5,809,076	41.00
43.00	04300	NURSERY	2,440,403		2,440,403	0	2,440,403	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,249,849		34,249,849	34,001	34,283,850	50.00
51.00	05100	RECOVERY ROOM	4,454,556		4,454,556	0	4,454,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,991,394		3,991,394	10,484	4,001,878	52.00
53.00	05300	ANESTHESIOLOGY	2,618,104		2,618,104	40	2,618,144	53.00
53.01	03950	PAIN CLINIC	178,924		178,924	0	178,924	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,292,880		10,292,880	343	10,293,223	54.00
54.01	05401	NORTHSIDE IMAGING	598,238		598,238	0	598,238	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	470,634		470,634	0	470,634	54.02
54.03	05403	NORTHSIDE ULTRASOUND	444,707		444,707	0	444,707	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,144,627		3,144,627	0	3,144,627	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,431,557		1,431,557	0	1,431,557	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	948,175		948,175	0	948,175	57.00
57.01	05701	NORTHSIDE CT	406,100		406,100	0	406,100	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,200,218		1,200,218	0	1,200,218	58.00
58.01	05801	NORTHSIDE MRI	487,796		487,796	0	487,796	58.01
59.00	05900	CARDIAC CATHETERIZATION	939,029		939,029	0	939,029	59.00
60.00	06000	LABORATORY	18,338,616		18,338,616	0	18,338,616	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,469,574		1,469,574	0	1,469,574	63.00
64.00	06400	INTRAVENOUS THERAPY	4,642,733		4,642,733	0	4,642,733	64.00
65.00	06500	RESPIRATORY THERAPY	2,728,188	0	2,728,188	0	2,728,188	65.00
66.00	06600	PHYSICAL THERAPY	2,441,112	0	2,441,112	0	2,441,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,235	0	1,120,235	0	1,120,235	67.00
68.00	06800	SPEECH PATHOLOGY	752,712	0	752,712	0	752,712	68.00
69.00	06900	ELECTROCARDIOLOGY	764,536		764,536	0	764,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,279,921		1,279,921	0	1,279,921	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,803,256		2,803,256	0	2,803,256	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,616,882		10,616,882	0	10,616,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,485,761		24,485,761	0	24,485,761	73.00
74.00	07400	RENAL DIALYSIS	517,848		517,848	0	517,848	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,342		886,342	0	886,342	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,398,527		2,398,527	0	2,398,527	76.01
76.02	03140	CARDIOLOGY	1,842,039		1,842,039	0	1,842,039	76.02
76.03	03560	PULMONARY FUNCTION TESTING	338,267		338,267	0	338,267	76.03
76.97	07697	CARDIAC REHABILITATION	60,186		60,186	0	60,186	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,932		440,932	0	440,932	76.98
76.99	07699	LITHOTRIPSY	28,809		28,809	0	28,809	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,809,486		4,809,486	3,100	4,812,586	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,806,506		1,806,506	771	1,807,277	90.01
90.03	09002	PHYSICIAN OFFICES	31,994,669		31,994,669	224,764	32,219,433	90.03
90.06	09003	DIABETIC CARE CENTER	433,463		433,463	0	433,463	90.06
90.07	09004	WOUND CARE CENTER	408,461		408,461	0	408,461	90.07
91.00	09100	EMERGENCY	7,712,333		7,712,333	154,390	7,866,723	91.00
92.00	09200	OBSERVATION BEDS	4,016,357		4,016,357		4,016,357	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,701,176		9,701,176		9,701,176	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,638,580		2,638,580		2,638,580	116.00
200.00		Subtotal (see instructions)	276,521,967	0	276,521,967	646,621	277,168,588	200.00
201.00		Less Observation Beds	4,016,357		4,016,357		4,016,357	201.00
202.00		Total (see instructions)	272,505,610	0	272,505,610	646,621	273,152,231	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,938,567		75,938,567			30.00
31.00	03100	INTENSIVE CARE UNIT	35,151,859		35,151,859			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,573		42,573			34.00
40.00	04000	SUBPROVIDER - IPF	26,993,236		26,993,236			40.00
41.00	04100	SUBPROVIDER - IRF	10,324,276		10,324,276			41.00
43.00	04300	NURSERY	5,267,735		5,267,735			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,803,633	89,126,412	147,930,045	0.231527	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,472,928	22,008,696	34,481,624	0.129186	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,167,961	325,369	14,493,330	0.275395	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,000,055	27,134,269	44,134,324	0.059321	0.000000	53.00
53.01	03950	PAIN CLINIC	1,925	0	1,925	92.947532	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,282,278	32,873,668	46,155,946	0.223002	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	6,293	2,265,857	2,272,150	0.263292	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	1,481,056	0.317769	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	4,770	1,783,176	1,787,946	0.248725	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	996,952	19,970,335	20,967,287	0.149978	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,854,530	12,261,990	14,116,520	0.101410	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,238,677	37,726,154	54,964,831	0.017251	0.000000	57.00
57.01	05701	NORTHSIDE CT	47,754	8,559,844	8,607,598	0.047179	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,257,089	16,845,218	22,102,307	0.054303	0.000000	58.00
58.01	05801	NORTHSIDE MRI	21,323	6,482,219	6,503,542	0.075005	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	12,269,025	16,489,170	28,758,195	0.032653	0.000000	59.00
60.00	06000	LABORATORY	51,601,120	128,811,256	180,412,376	0.101648	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,926,817	612,331	5,539,148	0.265307	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,433,896	17,004,424	21,438,320	0.216562	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,555,446	2,839,286	15,394,732	0.177216	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,621,853	2,046,513	11,668,366	0.209208	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,525,976	140,284	5,666,260	0.197703	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,020,275	722,578	2,742,853	0.274427	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,449,852	3,778,425	6,228,277	0.122752	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	454,303	9,098,810	9,553,113	0.133979	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	37,910,750	29,660,158	67,570,908	0.041486	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	29,563,672	17,735,621	47,299,293	0.224462	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,297,183	28,656,583	74,953,766	0.326678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,215,624	92,256	1,307,880	0.395945	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	270,724	2,218,519	2,489,243	0.356069	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	5,262,061	12,679,229	17,941,290	0.133688	0.000000	76.01
76.02	03140	CARDIOLOGY	6,543,103	5,952,487	12,495,590	0.147415	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,411,342	1,975,092	3,386,434	0.099889	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	20,569	1,287	21,856	2.753752	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	2,808,907	0.156976	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,409,963	14,204,739	15,614,702	0.308010	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	14,594,406	2.192256	0.000000	90.03
90.06	09003	DIABETIC CARE CENTER	358,288	1,090,913	1,449,201	0.299105	0.000000	90.06
90.07	09004	WOUND CARE CENTER	48,898	864,546	913,444	0.447166	0.000000	90.07
91.00	09100	EMERGENCY	11,362,321	30,507,763	41,870,084	0.184197	0.000000	91.00
92.00	09200	OBSERVATION BEDS	691,802	5,919,239	6,611,041	0.607523	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,384,877	8,384,877			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,355,273	3,355,273			116.00
200.00		Subtotal (see instructions)	543,099,277	641,089,235	1,184,188,512			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	543,099,277	641,089,235	1,184,188,512			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.231757		50.00
51.00	05100	RECOVERY ROOM	0.129186		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276119		52.00
53.00	05300	ANESTHESIOLOGY	0.059322		53.00
53.01	03950	PAIN CLINIC	92.947532		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223010		54.00
54.01	05401	NORTHSIDE IMAGING	0.263292		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251		57.00
57.01	05701	NORTHSIDE CT	0.047179		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303		58.00
58.01	05801	NORTHSIDE MRI	0.075005		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653		59.00
60.00	06000	LABORATORY	0.101648		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307		63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562		64.00
65.00	06500	RESPIRATORY THERAPY	0.177216		65.00
66.00	06600	PHYSICAL THERAPY	0.209208		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703		67.00
68.00	06800	SPEECH PATHOLOGY	0.274427		68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678		73.00
74.00	07400	RENAL DIALYSIS	0.395945		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688		76.01
76.02	03140	CARDIOLOGY	0.147415		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889		76.03
76.97	07697	CARDIAC REHABILITATION	2.753752		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.308209		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	2.207656		90.03
90.06	09003	DIABETIC CARE CENTER	0.299105		90.06
90.07	09004	WOUND CARE CENTER	0.447166		90.07
91.00	09100	EMERGENCY	0.187884		91.00
92.00	09200	OBSERVATION BEDS	0.607523		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,324,644		39,324,644	205,877	39,530,521	30.00
31.00	03100	INTENSIVE CARE UNIT	11,139,885		11,139,885	0	11,139,885	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	569,075		569,075	0	569,075	34.00
40.00	04000	SUBPROVIDER - IPF	9,917,440		9,917,440	0	9,917,440	40.00
41.00	04100	SUBPROVIDER - IRF	5,796,225		5,796,225	12,851	5,809,076	41.00
43.00	04300	NURSERY	2,440,403		2,440,403	0	2,440,403	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,249,849		34,249,849	34,001	34,283,850	50.00
51.00	05100	RECOVERY ROOM	4,454,556		4,454,556	0	4,454,556	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,991,394		3,991,394	10,484	4,001,878	52.00
53.00	05300	ANESTHESIOLOGY	2,618,104		2,618,104	40	2,618,144	53.00
53.01	03950	PAIN CLINIC	178,924		178,924	0	178,924	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,292,880		10,292,880	343	10,293,223	54.00
54.01	05401	NORTHSIDE IMAGING	598,238		598,238	0	598,238	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	470,634		470,634	0	470,634	54.02
54.03	05403	NORTHSIDE ULTRASOUND	444,707		444,707	0	444,707	54.03
54.04	05404	NORTHSIDE CARDIO	0		0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,144,627		3,144,627	0	3,144,627	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,431,557		1,431,557	0	1,431,557	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	948,175		948,175	0	948,175	57.00
57.01	05701	NORTHSIDE CT	406,100		406,100	0	406,100	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,200,218		1,200,218	0	1,200,218	58.00
58.01	05801	NORTHSIDE MRI	487,796		487,796	0	487,796	58.01
59.00	05900	CARDIAC CATHETERIZATION	939,029		939,029	0	939,029	59.00
60.00	06000	LABORATORY	18,338,616		18,338,616	0	18,338,616	60.00
60.01	06001	NORTHSIDE LAB	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,469,574		1,469,574	0	1,469,574	63.00
64.00	06400	INTRAVENOUS THERAPY	4,642,733		4,642,733	0	4,642,733	64.00
65.00	06500	RESPIRATORY THERAPY	2,728,188	0	2,728,188	0	2,728,188	65.00
66.00	06600	PHYSICAL THERAPY	2,441,112	0	2,441,112	0	2,441,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,235	0	1,120,235	0	1,120,235	67.00
68.00	06800	SPEECH PATHOLOGY	752,712	0	752,712	0	752,712	68.00
69.00	06900	ELECTROCARDIOLOGY	764,536		764,536	0	764,536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,279,921		1,279,921	0	1,279,921	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,803,256		2,803,256	0	2,803,256	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,616,882		10,616,882	0	10,616,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,485,761		24,485,761	0	24,485,761	73.00
74.00	07400	RENAL DIALYSIS	517,848		517,848	0	517,848	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,342		886,342	0	886,342	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,398,527		2,398,527	0	2,398,527	76.01
76.02	03140	CARDIOLOGY	1,842,039		1,842,039	0	1,842,039	76.02
76.03	03560	PULMONARY FUNCTION TESTING	338,267		338,267	0	338,267	76.03
76.97	07697	CARDIAC REHABILITATION	60,186		60,186	0	60,186	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,932		440,932	0	440,932	76.98
76.99	07699	LITHOTRIPSY	28,809		28,809	0	28,809	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,809,486		4,809,486	3,100	4,812,586	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,806,506		1,806,506	771	1,807,277	90.01
90.03	09002	PHYSICIAN OFFICES	31,994,669		31,994,669	224,764	32,219,433	90.03
90.06	09003	DIABETIC CARE CENTER	433,463		433,463	0	433,463	90.06
90.07	09004	WOUND CARE CENTER	408,461		408,461	0	408,461	90.07
91.00	09100	EMERGENCY	7,712,333		7,712,333	154,390	7,866,723	91.00
92.00	09200	OBSERVATION BEDS	4,016,357		4,016,357		4,016,357	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,701,176		9,701,176		9,701,176	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,638,580		2,638,580		2,638,580	116.00
200.00		Subtotal (see instructions)	276,521,967	0	276,521,967	646,621	277,168,588	200.00
201.00		Less Observation Beds	4,016,357		4,016,357		4,016,357	201.00
202.00		Total (see instructions)	272,505,610	0	272,505,610	646,621	273,152,231	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,938,567		75,938,567			30.00
31.00	03100	INTENSIVE CARE UNIT	35,151,859		35,151,859			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	42,573		42,573			34.00
40.00	04000	SUBPROVIDER - IPF	26,993,236		26,993,236			40.00
41.00	04100	SUBPROVIDER - IRF	10,324,276		10,324,276			41.00
43.00	04300	NURSERY	5,267,735		5,267,735			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,803,633	89,126,412	147,930,045	0.231527	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,472,928	22,008,696	34,481,624	0.129186	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,167,961	325,369	14,493,330	0.275395	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,000,055	27,134,269	44,134,324	0.059321	0.000000	53.00
53.01	03950	PAIN CLINIC	1,925	0	1,925	92.947532	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,282,278	32,873,668	46,155,946	0.223002	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	6,293	2,265,857	2,272,150	0.263292	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	1,481,056	0.317769	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	4,770	1,783,176	1,787,946	0.248725	0.000000	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	996,952	19,970,335	20,967,287	0.149978	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,854,530	12,261,990	14,116,520	0.101410	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,238,677	37,726,154	54,964,831	0.017251	0.000000	57.00
57.01	05701	NORTHSIDE CT	47,754	8,559,844	8,607,598	0.047179	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,257,089	16,845,218	22,102,307	0.054303	0.000000	58.00
58.01	05801	NORTHSIDE MRI	21,323	6,482,219	6,503,542	0.075005	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	12,269,025	16,489,170	28,758,195	0.032653	0.000000	59.00
60.00	06000	LABORATORY	51,601,120	128,811,256	180,412,376	0.101648	0.000000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0.000000	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,926,817	612,331	5,539,148	0.265307	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	4,433,896	17,004,424	21,438,320	0.216562	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,555,446	2,839,286	15,394,732	0.177216	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,621,853	2,046,513	11,668,366	0.209208	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,525,976	140,284	5,666,260	0.197703	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,020,275	722,578	2,742,853	0.274427	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,449,852	3,778,425	6,228,277	0.122752	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	454,303	9,098,810	9,553,113	0.133979	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	37,910,750	29,660,158	67,570,908	0.041486	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	29,563,672	17,735,621	47,299,293	0.224462	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,297,183	28,656,583	74,953,766	0.326678	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,215,624	92,256	1,307,880	0.395945	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	270,724	2,218,519	2,489,243	0.356069	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	5,262,061	12,679,229	17,941,290	0.133688	0.000000	76.01
76.02	03140	CARDIOLOGY	6,543,103	5,952,487	12,495,590	0.147415	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,411,342	1,975,092	3,386,434	0.099889	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	20,569	1,287	21,856	2.753752	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	2,808,907	0.156976	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,409,963	14,204,739	15,614,702	0.308010	0.000000	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0.000000	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	14,594,406	2.192256	0.000000	90.03
90.06	09003	DIABETIC CARE CENTER	358,288	1,090,913	1,449,201	0.299105	0.000000	90.06
90.07	09004	WOUND CARE CENTER	48,898	864,546	913,444	0.447166	0.000000	90.07
91.00	09100	EMERGENCY	11,362,321	30,507,763	41,870,084	0.184197	0.000000	91.00
92.00	09200	OBSERVATION BEDS	691,802	5,919,239	6,611,041	0.607523	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	8,384,877	8,384,877			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,355,273	3,355,273			116.00
200.00		Subtotal (see instructions)	543,099,277	641,089,235	1,184,188,512			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	543,099,277	641,089,235	1,184,188,512			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part I Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.231757		50.00
51.00	05100	RECOVERY ROOM	0.129186		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276119		52.00
53.00	05300	ANESTHESIOLOGY	0.059322		53.00
53.01	03950	PAIN CLINIC	92.947532		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223010		54.00
54.01	05401	NORTHSIDE IMAGING	0.263292		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725		54.03
54.04	05404	NORTHSIDE CARDIO	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251		57.00
57.01	05701	NORTHSIDE CT	0.047179		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303		58.00
58.01	05801	NORTHSIDE MRI	0.075005		58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653		59.00
60.00	06000	LABORATORY	0.101648		60.00
60.01	06001	NORTHSIDE LAB	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307		63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562		64.00
65.00	06500	RESPIRATORY THERAPY	0.177216		65.00
66.00	06600	PHYSICAL THERAPY	0.209208		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703		67.00
68.00	06800	SPEECH PATHOLOGY	0.274427		68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678		73.00
74.00	07400	RENAL DIALYSIS	0.395945		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688		76.01
76.02	03140	CARDIOLOGY	0.147415		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889		76.03
76.97	07697	CARDIAC REHABILITATION	2.753752		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.308209		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	2.207656		90.03
90.06	09003	DIABETIC CARE CENTER	0.299105		90.06
90.07	09004	WOUND CARE CENTER	0.447166		90.07
91.00	09100	EMERGENCY	0.187884		91.00
92.00	09200	OBSERVATION BEDS	0.607523		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part II Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,249,849	2,670,931	31,578,918	0	0	50.00
51.00	05100	RECOVERY ROOM	4,454,556	505,637	3,948,919	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,991,394	386,562	3,604,832	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,618,104	182,523	2,435,581	0	0	53.00
53.01	03950	PAIN CLINIC	178,924	5,371	173,553	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,292,880	1,435,248	8,857,632	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	598,238	84,063	514,175	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	470,634	63,238	407,396	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	444,707	54,629	390,078	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,144,627	790,975	2,353,652	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,431,557	885,374	546,183	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	948,175	7,601	940,574	0	0	57.00
57.01	05701	NORTHSIDE CT	406,100	52,775	353,325	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,200,218	203,693	996,525	0	0	58.00
58.01	05801	NORTHSIDE MRI	487,796	103,775	384,021	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	939,029	262,960	676,069	0	0	59.00
60.00	06000	LABORATORY	18,338,616	1,110,813	17,227,803	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,469,574	4,747	1,464,827	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	4,642,733	366,202	4,276,531	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,728,188	166,626	2,561,562	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,441,112	161,664	2,279,448	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,235	69,682	1,050,553	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	752,712	41,583	711,129	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	764,536	50,613	713,923	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,279,921	156,119	1,123,802	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,803,256	35,714	2,767,542	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,616,882	34,283	10,582,599	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,485,761	327,284	24,158,477	0	0	73.00
74.00	07400	RENAL DIALYSIS	517,848	42,755	475,093	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,342	115,018	771,324	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,398,527	241,357	2,157,170	0	0	76.01
76.02	03140	CARDIOLOGY	1,842,039	377,980	1,464,059	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	338,267	55,597	282,670	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	60,186	494	59,692	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,932	2,393	438,539	0	0	76.98
76.99	07699	LITHOTRIPSY	28,809	93	28,716	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,809,486	283,889	4,525,597	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,806,506	53,957	1,752,549	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	31,994,669	2,521,651	29,473,018	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	433,463	18,395	415,068	0	0	90.06
90.07	09004	WOUND CARE CENTER	408,461	31,960	376,501	0	0	90.07
91.00	09100	EMERGENCY	7,712,333	463,051	7,249,282	0	0	91.00
92.00	09200	OBSERVATION BEDS	4,016,357	264,734	3,751,623	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	9,701,176	61,615	9,639,561	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,638,580	171,630	2,466,950	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	207,334,295	14,927,254	192,407,041	0	0	200.00
201.00		Less Observation Beds	4,016,357	264,734	3,751,623	0	0	201.00
202.00		Total (line 200 minus line 201)	203,317,938	14,662,520	188,655,418	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet C Part II Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	34,249,849	147,930,045	0.231527		50.00
51.00	05100	RECOVERY ROOM	4,454,556	34,481,624	0.129186		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,991,394	14,493,330	0.275395		52.00
53.00	05300	ANESTHESIOLOGY	2,618,104	44,134,324	0.059321		53.00
53.01	03950	PAIN CLINIC	178,924	1,925	92.947532		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,292,880	46,155,946	0.223002		54.00
54.01	05401	NORTHSIDE IMAGING	598,238	2,272,150	0.263292		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	470,634	1,481,056	0.317769		54.02
54.03	05403	NORTHSIDE ULTRASOUND	444,707	1,787,946	0.248725		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,144,627	20,967,287	0.149978		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,431,557	14,116,520	0.101410		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	948,175	54,964,831	0.017251		57.00
57.01	05701	NORTHSIDE CT	406,100	8,607,598	0.047179		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,200,218	22,102,307	0.054303		58.00
58.01	05801	NORTHSIDE MRI	487,796	6,503,542	0.075005		58.01
59.00	05900	CARDIAC CATHETERIZATION	939,029	28,758,195	0.032653		59.00
60.00	06000	LABORATORY	18,338,616	180,412,376	0.101648		60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,469,574	5,539,148	0.265307		63.00
64.00	06400	INTRAVENOUS THERAPY	4,642,733	21,438,320	0.216562		64.00
65.00	06500	RESPIRATORY THERAPY	2,728,188	15,394,732	0.177216		65.00
66.00	06600	PHYSICAL THERAPY	2,441,112	11,668,366	0.209208		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,120,235	5,666,260	0.197703		67.00
68.00	06800	SPEECH PATHOLOGY	752,712	2,742,853	0.274427		68.00
69.00	06900	ELECTROCARDIOLOGY	764,536	6,228,277	0.122752		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,279,921	9,553,113	0.133979		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	2,803,256	67,570,908	0.041486		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,616,882	47,299,293	0.224462		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,485,761	74,953,766	0.326678		73.00
74.00	07400	RENAL DIALYSIS	517,848	1,307,880	0.395945		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	886,342	2,489,243	0.356069		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,398,527	17,941,290	0.133688		76.01
76.02	03140	CARDIOLOGY	1,842,039	12,495,590	0.147415		76.02
76.03	03560	PULMONARY FUNCTION TESTING	338,267	3,386,434	0.099889		76.03
76.97	07697	CARDIAC REHABILITATION	60,186	21,856	2.753752		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	440,932	2,808,907	0.156976		76.98
76.99	07699	LITHOTRIPSY	28,809	0	0.000000		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	4,809,486	15,614,702	0.308010		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,806,506	0	0.000000		90.01
90.03	09002	PHYSICIAN OFFICES	31,994,669	14,594,406	2.192256		90.03
90.06	09003	DIABETIC CARE CENTER	433,463	1,449,201	0.299105		90.06
90.07	09004	WOUND CARE CENTER	408,461	913,444	0.447166		90.07
91.00	09100	EMERGENCY	7,712,333	41,870,084	0.184197		91.00
92.00	09200	OBSERVATION BEDS	4,016,357	6,611,041	0.607523		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	9,701,176	8,384,877	1.156985		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	2,638,580	3,355,273	0.786398		116.00
200.00		Subtotal (sum of lines 50 thru 199)	207,334,295	1,030,470,266			200.00
201.00		Less Observation Beds	4,016,357	0			201.00
202.00		Total (line 200 minus line 201)	203,317,938	1,030,470,266			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,605,632	0	2,605,632	45,905	56.76	30.00
31.00	INTENSIVE CARE UNIT	842,869		842,869	2,848	295.95	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	24,312		24,312	2,769	8.78	34.00
40.00	SUBPROVIDER - IPF	884,280	0	884,280	13,011	67.96	40.00
41.00	SUBPROVIDER - IRF	624,372	0	624,372	7,382	84.58	41.00
43.00	NURSERY	109,495		109,495	4,759	23.01	43.00
200.00	Total (lines 30-199)	5,090,960		5,090,960	76,674		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	15,219	863,830		30.00
31.00	INTENSIVE CARE UNIT	2,549	754,377		31.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	2,646	179,822		40.00
41.00	SUBPROVIDER - IRF	5,547	469,165		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	25,961	2,267,194		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	22,820,668	412,027	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	4,023,479	59,000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	90,879	2,424	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	5,258,525	21,749	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	5,953,695	185,136	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	452,256	17,061	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	928,364	58,226	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	7,518,147	1,038	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	2,122,895	19,565	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	4,889,859	44,713	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	19,680,064	121,170	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	2,216,552	1,900	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	1,777,613	30,365	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	5,810,379	62,892	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	2,478,018	34,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	711,220	8,747	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	584,374	8,859	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	1,115,711	9,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	156,723	2,561	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	16,128,189	8,532	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	12,279,729	8,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	17,489,637	76,360	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	588,201	19,228	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	1,217	56	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	2,536,555	34,124	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	3,314,398	100,257	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	545,302	8,953	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	607,248	11,040	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	3,834,557	42,406	91.00
92.00	09200	OBSERVATION BEDS	264,734	6,611,041	0.040044	339,191	13,583	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,694,009	1,018,730,116		146,253,645	1,424,274	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part III Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,877,027	0	0	0	6,877,027	30.00
31.00	03100	INTENSIVE CARE UNIT	183,309	0	0		183,309	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	82,687	0	0		82,687	34.00
40.00	04000	SUBPROVIDER - IPF	72,304	0	0	0	72,304	40.00
41.00	04100	SUBPROVIDER - IRF	116,669	0	0	0	116,669	41.00
43.00	04300	NURSERY	6,419	0	0		6,419	43.00
200.00		Total (lines 30-199)	7,338,415	0	0		7,338,415	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	45,905	149.81	15,219	2,279,958		30.00
31.00	03100	INTENSIVE CARE UNIT	2,848	64.36	2,549	164,054		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,769	29.86	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	13,011	5.56	2,646	14,712		40.00
41.00	04100	SUBPROVIDER - IRF	7,382	15.80	5,547	87,643		41.00
43.00	04300	NURSERY	4,759	1.35	0	0		43.00
200.00		Total (lines 30-199)	76,674		25,961	2,546,367		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	698,718	0	0	698,718	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,035,606	0	0	1,035,606	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	22,820,668	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	4,023,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	90,879	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	5,258,525	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	5,953,695	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	452,256	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	928,364	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	7,518,147	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	2,122,895	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	4,889,859	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	19,680,064	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	2,216,552	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	1,777,613	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	5,810,379	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	2,478,018	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	711,220	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	584,374	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	1,115,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	156,723	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	16,128,189	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	12,279,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	17,489,637	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	588,201	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	1,217	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	2,536,555	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	3,314,398	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	545,302	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	607,248	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	3,834,557	91.00
92.00	09200	OBSERVATION BEDS	698,718	6,611,041	0.105690	0.105690	339,191	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	1,035,606	1,018,730,116			146,253,645	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	13,053	21,531,467	12,316		50.00
51.00	05100	RECOVERY ROOM	0	3,915,374	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,097	2,000	24		52.00
53.00	05300	ANESTHESIOLOGY	0	4,985,054	0		53.00
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,258,888	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,130,010	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,368,799	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	13,235,982	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,382,466	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	6,791,874	0		59.00
60.00	06000	LABORATORY	335	7,116,578	121		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	252,982	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,372,106	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,102,693	0		65.00
66.00	06600	PHYSICAL THERAPY	0	7,112	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,330	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,170,625	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,893,947	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	6,529,913	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	5,910,576	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,847,655	0		73.00
74.00	07400	RENAL DIALYSIS	6,877	92,256	1,079		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	104,796	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,161	2,927,246	2,494		76.01
76.02	03140	CARDIOLOGY	0	3,512,236	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	592,661	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	6,272,398	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	1,710	5,018,841	2,238		91.00
92.00	09200	OBSERVATION BEDS	35,849	1,170,325	123,692		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	61,082	131,498,190	141,964		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231527	21,531,467	0	0	4,985,116	50.00
51.00	05100	RECOVERY ROOM	0.129186	3,915,374	0	0	505,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275395	2,000	0	0	551	52.00
53.00	05300	ANESTHESIOLOGY	0.059321	4,985,054	0	0	295,718	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223002	8,258,888	25,347	0	1,841,749	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	6,130,010	0	0	919,367	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	5,368,799	0	0	544,450	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	13,235,982	0	0	228,334	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	5,382,466	0	0	292,284	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	6,791,874	0	0	221,775	59.00
60.00	06000	LABORATORY	0.101648	7,116,578	29,714	0	723,386	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	252,982	0	0	67,118	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	3,372,106	0	0	730,270	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	1,102,693	0	0	195,415	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	7,112	0	0	1,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	1,330	0	0	263	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	1,170,625	0	0	143,697	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	1,893,947	0	0	253,749	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	6,529,913	0	0	270,900	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	5,910,576	46,521	0	1,326,700	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	8,847,655	0	144,177	2,890,334	73.00
74.00	07400	RENAL DIALYSIS	0.395945	92,256	0	0	36,528	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	104,796	0	0	37,315	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	2,927,246	0	0	391,338	76.01
76.02	03140	CARDIOLOGY	0.147415	3,512,236	0	0	517,756	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	592,661	0	0	59,200	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.308010	6,272,398	0	0	1,931,961	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.192256	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.184197	5,018,841	0	0	924,455	91.00
92.00	09200	OBSERVATION BEDS	0.607523	1,170,325	0	0	710,999	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		131,498,190	101,582	144,177	21,048,028	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		131,498,190	101,582	144,177	21,048,028	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part V Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,652	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	3,020	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	10,442	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,099		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	19,114	47,099		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	19,114	47,099		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part II
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	876	16	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	117,423	1,722	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	253,069	1,047	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	48,424	1,506	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	104,836	14	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	25,749	237	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	0	0	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	557,628	3,433	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	16,557	283	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	117,027	1,267	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	38,880	539	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	10,474	129	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	2,222	34	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	34,304	279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	3,906	64	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	29,340	16	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	1,638	1	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	197,667	863	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	2,404	79	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	102,240	4,724	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	5,756	77	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	2,909	88	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	1,675	28	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	5,584	102	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	371,342	4,107	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,429,275	1,018,730,116		2,051,930	20,655	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	336,888	0	0	336,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	876	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	117,423	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	253,069	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	48,424	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	104,836	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	25,749	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	557,628	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	16,557	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	117,027	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	38,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	10,474	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	2,222	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	34,304	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	3,906	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	29,340	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	1,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	197,667	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	2,404	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	102,240	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	5,756	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	2,909	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	1,675	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	5,584	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	371,342	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	336,888	1,018,730,116			2,051,930	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1	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
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	9	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	28	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,696	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	5	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	2,859	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	166	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	209	6,555	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part V
Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231527	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.129186	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275395	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059321	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223002	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	0	0	0	0	59.00
60.00	06000	LABORATORY	0.101648	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	0	0	2,181	0	73.00
74.00	07400	RENAL DIALYSIS	0.395945	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	3,696	0	0	1,316	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.147415	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.308010	2,859	0	0	881	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.192256	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.184197	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.607523	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		6,555	0	2,181	2,197	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		6,555	0	2,181	2,197	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IPF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	712		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	712		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	712		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part II
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	120,082	2,168	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	22,636	332	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	30,341	125	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	277,365	8,625	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	90,260	3,405	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	40,622	2,548	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	220,159	30	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	62,912	580	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	0	0	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	1,716,000	10,565	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	80,176	69	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	45,160	771	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	663,824	7,185	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	3,558,407	49,302	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	3,160,902	38,873	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	427,422	6,480	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	38,464	313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	14,322	234	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	706,056	374	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	86,199	62	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	1,081,458	4,722	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	101,828	3,329	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	50,879	684	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	45,552	1,378	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	36,817	604	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	34,281	623	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	6,812	75	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	36,521	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,429,275	1,018,730,116		12,755,457	143,456	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	336,888	0	0	336,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	120,082	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	22,636	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	30,341	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	277,365	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	90,260	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	40,622	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	220,159	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	62,912	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	1,716,000	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	80,176	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	45,160	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	663,824	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	3,558,407	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	3,160,902	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	427,422	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	38,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	14,322	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	706,056	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	86,199	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	1,081,458	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	101,828	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	50,879	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	45,552	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	36,817	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	34,281	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	6,812	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0.000000	36,521	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	336,888	1,018,730,116			12,755,457	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

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		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	69	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
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,284	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	3,946	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	29	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	3,938	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	1,191	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	43	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	882	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	3	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	1,335	11,050	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part V
Date/Time Prepared: 5/19/2016 5:41 pm

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		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.231527	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.129186	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.275395	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059321	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223002	2,284	0	0	509	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	3,946	0	0	68	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	0	0	0	0	59.00
60.00	06000	LABORATORY	0.101648	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	3,938	0	0	884	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	0	0	2,151	0	73.00
74.00	07400	RENAL DIALYSIS	0.395945	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0.147415	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.308010	882	0	0	272	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.192256	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	0	0	90.07
91.00	09100	EMERGENCY	0.184197	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0.607523	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
200.00		Subtotal (see instructions)		11,050	0	2,151	1,733	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		11,050	0	2,151	1,733	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Costs Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
53.01	03950	PAIN CLINIC	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	703		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03140	CARDIOLOGY	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0		90.07
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	703		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	703		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part I Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,605,632	0	2,605,632	45,905	56.76	30.00
31.00	INTENSIVE CARE UNIT	842,869		842,869	2,848	295.95	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	24,312		24,312	2,769	8.78	34.00
40.00	SUBPROVIDER - IPF	884,280	0	884,280	13,011	67.96	40.00
41.00	SUBPROVIDER - IRF	624,372	0	624,372	7,382	84.58	41.00
43.00	NURSERY	109,495		109,495	4,759	23.01	43.00
200.00	Total (lines 30-199)	5,090,960		5,090,960	76,674		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	11,796	669,541	30.00
31.00	INTENSIVE CARE UNIT	274	81,090	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	172	1,510	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	458	38,738	41.00
43.00	NURSERY	3,195	73,517	43.00
200.00	Total (lines 30-199)	15,895	864,396	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part II Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	0	0	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	0	0	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	0	0	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	0	0	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	0	0	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	0	0	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	0	0	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	0	0	91.00
92.00	09200	OBSERVATION BEDS	264,734	6,611,041	0.040044	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,694,009	1,018,730,116		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209

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

Worksheet D Part III Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX Hospital PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,877,027	0	0	0	6,877,027	30.00
31.00	03100	INTENSIVE CARE UNIT	183,309	0	0		183,309	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	82,687	0	0		82,687	34.00
40.00	04000	SUBPROVIDER - IPF	72,304	0	0	0	72,304	40.00
41.00	04100	SUBPROVIDER - IRF	116,669	0	0	0	116,669	41.00
43.00	04300	NURSERY	6,419	0	0		6,419	43.00
200.00		Total (lines 30-199)	7,338,415	0	0		7,338,415	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	45,905	149.81	11,796	1,767,159		30.00
31.00	03100	INTENSIVE CARE UNIT	2,848	64.36	274	17,635		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,769	29.86	172	5,136		34.00
40.00	04000	SUBPROVIDER - IPF	13,011	5.56	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	7,382	15.80	458	7,236		41.00
43.00	04300	NURSERY	4,759	1.35	3,195	4,313		43.00
200.00		Total (lines 30-199)	76,674		15,895	1,801,479		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

		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)	
			Title XIX			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	336,888	0	0	336,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	0	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	0	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	336,888	1,018,730,116			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D Part IV Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	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
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part II
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	0	0	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	0	0	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	0	0	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	0	0	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	0	0	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	0	0	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	0	0	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,429,275	1,018,730,116		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	336,888	0	0	336,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	0	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	0	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	336,888	1,018,730,116			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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		
		ANCILLARY SERVICE COST CENTERS					
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
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part II
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,670,931	147,930,045	0.018055	0	0	50.00
51.00	05100	RECOVERY ROOM	505,637	34,481,624	0.014664	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	386,562	14,493,330	0.026672	0	0	52.00
53.00	05300	ANESTHESIOLOGY	182,523	44,134,324	0.004136	0	0	53.00
53.01	03950	PAIN CLINIC	5,371	1,925	2.790130	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,435,248	46,155,946	0.031096	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	84,063	2,272,150	0.036997	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	63,238	1,481,056	0.042698	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	54,629	1,787,946	0.030554	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	790,975	20,967,287	0.037724	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	885,374	14,116,520	0.062719	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,601	54,964,831	0.000138	0	0	57.00
57.01	05701	NORTHSIDE CT	52,775	8,607,598	0.006131	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,693	22,102,307	0.009216	0	0	58.00
58.01	05801	NORTHSIDE MRI	103,775	6,503,542	0.015957	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	262,960	28,758,195	0.009144	0	0	59.00
60.00	06000	LABORATORY	1,110,813	180,412,376	0.006157	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,747	5,539,148	0.000857	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	366,202	21,438,320	0.017082	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	166,626	15,394,732	0.010824	0	0	65.00
66.00	06600	PHYSICAL THERAPY	161,664	11,668,366	0.013855	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,682	5,666,260	0.012298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,583	2,742,853	0.015160	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,613	6,228,277	0.008126	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	156,119	9,553,113	0.016342	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	35,714	67,570,908	0.000529	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	34,283	47,299,293	0.000725	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	327,284	74,953,766	0.004366	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,755	1,307,880	0.032690	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	115,018	2,489,243	0.046206	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	241,357	17,941,290	0.013453	0	0	76.01
76.02	03140	CARDIOLOGY	377,980	12,495,590	0.030249	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	55,597	3,386,434	0.016418	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	494	21,856	0.022602	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,393	2,808,907	0.000852	0	0	76.98
76.99	07699	LITHOTRIPSY	93	0	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283,889	15,614,702	0.018181	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	53,957	0	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,521,651	14,594,406	0.172782	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	18,395	1,449,201	0.012693	0	0	90.06
90.07	09004	WOUND CARE CENTER	31,960	913,444	0.034988	0	0	90.07
91.00	09100	EMERGENCY	463,051	41,870,084	0.011059	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	14,429,275	1,018,730,116		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	84,670	0	0	84,670	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	175,003	0	0	175,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,021	0	0	3,021	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,292	0	0	15,292	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	15,292	0	0	15,292	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	9,628	0	0	9,628	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	15,292	0	0	15,292	90.07
91.00	09100	EMERGENCY	0	18,690	0	0	18,690	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	336,888	0	0	336,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,670	147,930,045	0.000572	0.000572	0	50.00
51.00	05100	RECOVERY ROOM	0	34,481,624	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,003	14,493,330	0.012075	0.012075	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,134,324	0.000000	0.000000	0	53.00
53.01	03950	PAIN CLINIC	0	1,925	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,155,946	0.000000	0.000000	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	2,272,150	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,481,056	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,787,946	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,967,287	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	14,116,520	0.000000	0.000000	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	54,964,831	0.000000	0.000000	0	57.00
57.01	05701	NORTHSIDE CT	0	8,607,598	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,102,307	0.000000	0.000000	0	58.00
58.01	05801	NORTHSIDE MRI	0	6,503,542	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	28,758,195	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	3,021	180,412,376	0.000017	0.000017	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	5,539,148	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	21,438,320	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,394,732	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,668,366	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,666,260	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,742,853	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,228,277	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,553,113	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	67,570,908	0.000000	0.000000	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	47,299,293	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,953,766	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	15,292	1,307,880	0.011692	0.011692	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,489,243	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	15,292	17,941,290	0.000852	0.000852	0	76.01
76.02	03140	CARDIOLOGY	0	12,495,590	0.000000	0.000000	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,386,434	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	9,628	21,856	0.440520	0.440520	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,808,907	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	15,614,702	0.000000	0.000000	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	14,594,406	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,449,201	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	15,292	913,444	0.016741	0.016741	0	90.07
91.00	09100	EMERGENCY	18,690	41,870,084	0.000446	0.000446	0	91.00
92.00	09200	OBSERVATION BEDS	0	6,611,041	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	336,888	1,018,730,116			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D Part IV
Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | 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		
		ANCILLARY SERVICE COST CENTERS					
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
53.01	03950	PAIN CLINIC	0	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0		54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701	NORTHSIDE CT	0	0	0		57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801	NORTHSIDE MRI	0	0	0		58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	NORTHSIDE LAB	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0		76.01
76.02	03140	CARDIOLOGY	0	0	0		76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0		76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004	WOUND CARE CENTER	0	0	0		90.07
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,905	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)	41,241	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)	15,219	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	39,530,521	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)	39,530,521	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	39,530,521	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	861.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	13,105,690	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)	13,105,690	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | 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
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	11,139,885	2,848	3,911.48	2,549	9,970,363	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	569,075	2,769	205.52	0	0	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)	24,388,613	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	47,464,666	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	4,062,219	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,485,356	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,547,575	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	41,917,091	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	4,664	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	861.14	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,016,357	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140209

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

Worksheet D-1

Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII Hospital 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	2,605,632	39,530,521	0.065914	4,016,357	264,734	90.00
91.00	Nursing School cost	6,877,027	39,530,521	0.173968	4,016,357	698,718	91.00
92.00	Allied health cost	0	39,530,521	0.000000	4,016,357	0	92.00
93.00	All other Medical Education	0	39,530,521	0.000000	4,016,357	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,011	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,011	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,011	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)	2,646	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	9,917,440	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,917,440	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,917,440	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	762.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,016,887	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)	2,016,887	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	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
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	317,317	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,334,204	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	194,534	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	20,864	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	215,398	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,118,806	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	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	884,280	9,917,440	0.089164	0	0	90.00
91.00	Nursing School cost	72,304	9,917,440	0.007291	0	0	91.00
92.00	Allied health cost	0	9,917,440	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,917,440	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,382	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)	7,382	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)	5,547	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,809,076	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)	5,809,076	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,809,076	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	786.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,365,045	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)	4,365,045	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	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
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	2,429,176	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,794,221	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	556,808	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	144,791	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	701,599	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,092,622	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	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	624,372	5,809,076	0.107482	0	0	90.00
91.00	Nursing School cost	116,669	5,809,076	0.020084	0	0	91.00
92.00	Allied health cost	0	5,809,076	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,809,076	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	45,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	45,905	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)	41,241	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)	11,796	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)	4,759	15.00
16.00	Nursery days (title V or XIX only)	3,195	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	39,530,521	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)	39,530,521	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	39,530,521	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	861.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,158,007	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)	10,158,007	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-1 | Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX | Hospital | 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)	2,440,403	4,759	512.80	3,195	1,638,396	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	11,139,885	2,848	3,911.48	274	1,071,746	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	569,075	2,769	205.52	172	35,349	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	12,903,498	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,619,901	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,619,901	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,283,597	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	4,664	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	861.14	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,016,357	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140209

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

Worksheet D-1

Date/Time Prepared: 5/19/2016 5:41 pm

Title XIX Hospital 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	2,605,632	39,530,521	0.065914	4,016,357	264,734	90.00
91.00	Nursing School cost	6,877,027	39,530,521	0.173968	4,016,357	698,718	91.00
92.00	Allied health cost	0	39,530,521	0.000000	4,016,357	0	92.00
93.00	All other Medical Education	0	39,530,521	0.000000	4,016,357	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,011	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,011	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	13,011	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)	0	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)	4,759	15.00
16.00	Nursery days (title V or XIX only)	3,195	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	9,917,440	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	9,917,440	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	9,917,440	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	762.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	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
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	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	884,280	9,917,440	0.089164	0	0	90.00
91.00	Nursing School cost	72,304	9,917,440	0.007291	0	0	91.00
92.00	Allied health cost	0	9,917,440	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,917,440	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	7,382	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	7,382	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)	7,382	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)	458	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)	4,759	15.00
16.00	Nursery days (title V or XIX only)	3,195	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,809,076	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)	5,809,076	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,809,076	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	786.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	360,409	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)	360,409	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	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
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	360,409	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	45,974	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	45,974	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	314,435	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XIX	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	624,372	5,809,076	0.107482	0	0	90.00
91.00	Nursing School cost	116,669	5,809,076	0.020084	0	0	91.00
92.00	Allied health cost	0	5,809,076	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,809,076	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet D-3 | Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		26,853,767		30.00
31.00	03100	INTENSIVE CARE UNIT		17,600,096		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.231757	22,820,668	5,288,850	50.00
51.00	05100	RECOVERY ROOM	0.129186	4,023,479	519,777	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276119	90,879	25,093	52.00
53.00	05300	ANESTHESIOLOGY	0.059322	5,258,525	311,946	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223010	5,953,695	1,327,734	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	452,256	67,828	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	928,364	94,145	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	7,518,147	129,696	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	2,122,895	115,280	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	4,889,859	159,669	59.00
60.00	06000	LABORATORY	0.101648	19,680,064	2,000,439	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	2,216,552	588,067	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	1,777,613	384,963	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	5,810,379	1,029,692	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	2,478,018	518,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	711,220	140,610	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	584,374	160,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	1,115,711	136,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	156,723	20,998	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	16,128,189	669,094	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	12,279,729	2,756,333	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	17,489,637	5,713,480	73.00
74.00	07400	RENAL DIALYSIS	0.395945	588,201	232,895	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	1,217	433	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	2,536,555	339,107	76.01
76.02	03140	CARDIOLOGY	0.147415	3,314,398	488,592	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	545,302	54,470	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.308209	607,248	187,159	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.207656	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	90.07
91.00	09100	EMERGENCY	0.187884	3,834,557	720,452	91.00
92.00	09200	OBSERVATION BEDS	0.607523	339,191	206,066	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		146,253,645	24,388,613	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)		146,253,645		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140209
Component CCN: 14S209

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

Worksheet D-3
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		5,481,971		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.231757	876	203	50.00
51.00	05100	RECOVERY ROOM	0.129186	117,423	15,169	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276119	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059322	253,069	15,013	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223010	48,424	10,799	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	104,836	1,809	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	25,749	1,398	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	0	0	59.00
60.00	06000	LABORATORY	0.101648	557,628	56,682	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	16,557	3,586	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	117,027	20,739	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	38,880	8,134	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	10,474	2,071	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	2,222	610	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	34,304	4,211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	3,906	523	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	29,340	1,217	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	1,638	368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	197,667	64,573	73.00
74.00	07400	RENAL DIALYSIS	0.395945	2,404	952	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	102,240	36,404	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	5,756	770	76.01
76.02	03140	CARDIOLOGY	0.147415	2,909	429	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	1,675	167	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.308209	5,584	1,721	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.207656	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	90.07
91.00	09100	EMERGENCY	0.187884	371,342	69,769	91.00
92.00	09200	OBSERVATION BEDS	0.607523	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,051,930	317,317	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)		2,051,930		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140209
Component CCN: 14T209

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

Worksheet D-3
Date/Time Prepared: 5/19/2016 5:41 pm

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	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		7,867,659		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.231757	120,082	27,830	50.00
51.00	05100	RECOVERY ROOM	0.129186	22,636	2,924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.276119	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059322	30,341	1,800	53.00
53.01	03950	PAIN CLINIC	92.947532	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223010	277,365	61,855	54.00
54.01	05401	NORTHSIDE IMAGING	0.263292	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.317769	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.248725	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.149978	90,260	13,537	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.101410	40,622	4,119	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.017251	220,159	3,798	57.00
57.01	05701	NORTHSIDE CT	0.047179	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054303	62,912	3,416	58.00
58.01	05801	NORTHSIDE MRI	0.075005	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.032653	0	0	59.00
60.00	06000	LABORATORY	0.101648	1,716,000	174,428	60.00
60.01	06001	NORTHSIDE LAB	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.265307	80,176	21,271	63.00
64.00	06400	INTRAVENOUS THERAPY	0.216562	45,160	9,780	64.00
65.00	06500	RESPIRATORY THERAPY	0.177216	663,824	117,640	65.00
66.00	06600	PHYSICAL THERAPY	0.209208	3,558,407	744,447	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.197703	3,160,902	624,920	67.00
68.00	06800	SPEECH PATHOLOGY	0.274427	427,422	117,296	68.00
69.00	06900	ELECTROCARDIOLOGY	0.122752	38,464	4,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.133979	14,322	1,919	70.00
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0.041486	706,056	29,291	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.224462	86,199	19,348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.326678	1,081,458	353,289	73.00
74.00	07400	RENAL DIALYSIS	0.395945	101,828	40,318	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.356069	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.133688	50,879	6,802	76.01
76.02	03140	CARDIOLOGY	0.147415	45,552	6,715	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.099889	36,817	3,678	76.03
76.97	07697	CARDIAC REHABILITATION	2.753752	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.156976	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.308209	34,281	10,566	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0.000000	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	2.207656	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.299105	0	0	90.06
90.07	09004	WOUND CARE CENTER	0.447166	0	0	90.07
91.00	09100	EMERGENCY	0.187884	6,812	1,280	91.00
92.00	09200	OBSERVATION BEDS	0.607523	36,521	22,187	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		12,755,457	2,429,176	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)		12,755,457		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,361,844		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,797,461		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)		737,990		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		10,562,777		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		215.22		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		19.48		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		19.48		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		31.49		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)		19.48		12.00
13.00	Total allowable FTE count for the prior year.		19.48		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.		19.48		14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.48		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		19.48		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.090512		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.096088		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.090512		21.00
22.00	IME payment adjustment (see instructions)		1,502,346		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		509,284		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		8.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.01		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)		8.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.037171		26.00
27.00	IME payments adjustment factor. (see instructions)		0.009828		27.00
28.00	IME add-on adjustment amount (see instructions)		306,234		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		103,811		28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,808,580		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		613,095		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.26		30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.21		31.00
32.00	Sum of lines 30 and 31		33.47		32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.83		33.00
34.00	Disproportionate share adjustment (see instructions)		1,311,028		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 5:41 pm
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			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	0	35.00
35.01	Factor 3 (see instructions)		0.000462962	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,540,569	2,903,312	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,648,151	729,794	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,377,945		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		38,394,848		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)		39,007,943		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,832,223		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).		1,303,264		52.00
53.00	Nursing and Allied Health Managed Care payment		1,006,375		53.00
54.00	Special add-on payments for new technologies		12,984		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 intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		2,444,012		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		61,082		58.00
59.00	Total (sum of amounts on lines 49 through 58)		46,667,883		59.00
60.00	Primary payer payments		44,737		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		46,623,146		61.00
62.00	Deductibles billed to program beneficiaries		3,407,668		62.00
63.00	Coinsurance billed to program beneficiaries		107,697		63.00
64.00	Allowable bad debts (see instructions)		491,705		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		319,608		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		402,826		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,427,389		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)		96,548		70.93
70.94	HRR adjustment amount (see instructions)		-124,838		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	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)		43,399,099		71.00
71.01	Sequestration adjustment (see instructions)		867,982		71.01
72.00	Interim payments		41,468,644		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)		1,062,473		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		800,490		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/19/2016 5:41 pm

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	22,361,844	0	22,361,844	0	22,361,844	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,797,461	0	0	8,797,461	8,797,461	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	737,990	0	437,774	300,216	737,990	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	10,562,777	0	8,014,572	2,548,204	10,562,776	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090512	0.090512	0.090512	0.090512		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,502,346	0	1,078,176	424,170	1,502,346	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	509,284	0	386,422	122,862	509,284	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.009828	0.009828	0.009828	0.009828		7.00
8.00	IME adjustment (see instructions)	28.00	306,234	0	219,773	86,461	306,234	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	103,811	0	78,767	25,044	103,811	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,808,580	0	1,297,949	510,631	1,808,580	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	613,095	0	465,189	147,906	613,095	9.01
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1683	0.1683	0.1683	0.1683		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,311,028	0	940,875	370,153	1,311,028	11.00
11.01	Uncompensated care payments	36.00	3,377,945	0	2,648,151	729,794	3,377,945	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,394,848	0	27,686,593	10,708,255	38,394,848	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	39,007,943	0	28,151,782	10,856,161	39,007,943	15.00
16.00	Payment for inpatient program capital	50.00	2,832,223	0	2,029,010	803,213	2,832,223	16.00
17.00	Special add-on payments for new technologies	54.00	12,984	0	9,877	3,107	12,984	17.00
17.01	Net organ aquisition 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: 140209

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

Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/19/2016 5:41 pm

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	30,190,669	11,662,481	41,853,150	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	2,464,261	0	1,766,413	697,848	2,464,261	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	48,347	0	48,347	14,854	63,201	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	0.0595	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	146,624	0	105,102	41,522	146,624	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0702	0.0702	0.0702	0.0702		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,991	0	124,002	48,989	172,991	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,832,223	0	2,029,010	803,213	2,832,223	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/19/2016 5:41 pm

			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 (cols. 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	22,361,844	22,361,844		22,361,844	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,797,461		8,797,461	8,797,461	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	737,990	437,774	300,216	737,990	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	10,562,777	8,014,572	2,548,204	10,562,776	4.00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.090512	0.090512	0.090512		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,502,346	1,078,176	424,170	1,502,346	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	509,284	386,422	122,862	509,284	6.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.009828	0.009828	0.009828		7.00
8.00	IME adjustment (see instructions)	28.00	306,234	219,773	86,461	306,234	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	103,811	78,767	25,044	103,811	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,808,580	1,297,949	510,631	1,808,580	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	613,095	465,189	147,906	613,095	9.01
	Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1683	0.1683	0.1683		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,311,028	940,875	370,153	1,311,028	11.00
11.01	Uncompensated care payments	36.00	3,377,945	2,648,151	729,794	3,377,945	11.01
	Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,394,848	27,686,593	10,708,255	38,394,848	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	39,007,943	28,151,782	10,856,161	39,007,943	15.00
16.00	Payment for inpatient program capital	50.00	2,832,223	2,043,864	788,359	2,832,223	16.00
17.00	Special add-on payments for new technologies	54.00	12,984	9,877	3,107	12,984	17.00
17.01	Net organ aquisition 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	SUBTOTAL			30,205,523	11,647,627	41,853,150	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/19/2016 5:41 pm

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	2,464,261	1,766,413	697,848	2,464,261	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	48,347	48,347	0	48,347	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	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	146,624	105,102	41,522	146,624	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0702	0.0702	0.0702		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	172,991	124,002	48,989	172,991	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,832,223	2,043,864	788,359	2,832,223	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	96,548	102,449	-5,901	96,548	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	-124,838	-98,436	-26,402	-124,838	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	66,213	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	20,906,064	2.00
3.00	PPS payments	18,860,876	3.00
4.00	Outlier payment (see instructions)	99,365	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	141,964	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	66,213	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	245,759	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)	245,759	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	245,759	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	179,546	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)	66,213	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	19,102,205	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	15,183	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	3,744,624	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	15,408,611	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	486,653	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	15,895,264	30.00
31.00	Primary payer payments	3,754	31.00
32.00	Subtotal (line 30 minus line 31)	15,891,510	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	480,343	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	312,223	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	436,807	36.00
37.00	Subtotal (see instructions)	16,203,733	37.00
38.00	MSP-LCC reconciliation amount from PS&R	10	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)	16,203,723	40.00
40.01	Sequestration adjustment (see instructions)	324,074	40.01
41.00	Interim payments	15,854,941	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	24,708	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	712	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	2,197	2.00
3.00	PPS payments	2,019	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)	712	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,181	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	2,181	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,181	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,469	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)	712	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)	2,019	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	501	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)	2,230	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)	2,230	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	2,230	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	2,230	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)	2,230	40.00
40.01	Sequestration adjustment (see instructions)	45	40.01
41.00	Interim payments	2,022	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	163	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	703	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,733	2.00
3.00	PPS payments	1,060	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)	703	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	2,151	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	2,151	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	2,151	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,448	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)	703	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)	1,060	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	156	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)	1,607	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)	1,607	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,607	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	1,607	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)	1,607	40.00
40.01	Sequestration adjustment (see instructions)	32	40.01
41.00	Interim payments	1,410	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	165	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-1 Part I Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		41,404,236		15,884,027	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	12/22/2015	207,074	12/22/2015	86,277	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	08/18/2015	142,666	08/18/2015	115,363	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)		64,408		-29,086	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)		41,468,644		15,854,941	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		1,062,473		24,708	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		42,531,117		15,879,649	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: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part I Date/Time Prepared: 5/19/2016 5:41 pm
	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		1,758,965		2,022	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/18/2015	69,818		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)		-69,818		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)		1,689,147		2,022	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		64,042		163	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,753,189		2,185	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: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part I Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IRF	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		7,086,726		1,410	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/18/2015	9,943		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)		-9,943		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)		7,076,783		1,410	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		165	6.01
6.02	SETTLEMENT TO PROGRAM		30,910		0	6.02
7.00	Total Medicare program liability (see instructions)		7,045,873		1,575	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: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	11,476	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	17,768	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	6,165	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	46,858	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,184,188,512	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	4,502,052	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,042,166	8.00
9.00	Sequestration adjustment amount (see instructions)	20,843	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,021,323	10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,038,988	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)	-17,665	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,933,450	1.00
2.00	Net IPF PPS Outlier Payments	17,215	2.00
3.00	Net IPF PPS ECT Payments	22,528	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)	0.75	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 instuctions)	6.87	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 instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.75	8.00
9.00	Average Daily Census (see instructions)	35.646575	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.010781	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	20,845	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,994,038	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)	1,994,038	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,994,038	18.00
19.00	Deductibles	279,500	19.00
20.00	Subtotal (line 18 minus line 19)	1,714,538	20.00
21.00	Coinsurance	32,760	21.00
22.00	Subtotal (line 20 minus line 21)	1,681,778	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	141,952	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	92,269	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	137,009	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,774,047	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)	14,921	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)	1,788,968	31.00
31.01	Sequestration adjustment (see instructions)	35,779	31.01
32.00	Interim payments	1,689,147	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)	64,042	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	17,215	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: 140209 Component CCN: 14T209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,925,931	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0147	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	164,145	3.00
4.00	Outlier Payments	123,372	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)	20.224658	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)	7,213,448	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)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	7,213,448	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	7,213,448	19.00
20.00	Deductibles	76,860	20.00
21.00	Subtotal (line 19 minus line 20)	7,136,588	21.00
22.00	Coinsurance	51,308	22.00
23.00	Subtotal (line 21 minus line 22)	7,085,280	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	23,705	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	15,408	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	21,273	26.00
27.00	Subtotal (sum of lines 23 and 25)	7,100,688	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)	88,978	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)	7,189,666	32.00
32.01	Sequestration adjustment (see instructions)	143,793	32.01
33.00	Interim payments	7,076,783	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)	-30,910	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	162,336	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	123,372	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: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet E-4 | Date/Time Prepared: 5/19/2016 5:41 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			27.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.36	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	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.	28.69	9.67	38.36	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.	20.44	6.89	27.33	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	20.44	6.89		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	20.73	6.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.54	5.63		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	20.90	6.26		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	20.90	6.26		17.00
18.00	Per resident amount	123,676.38	117,110.63		18.00
19.00	Approved amount for resident costs	2,584,836	733,113	3,317,949	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.03	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.66	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,889.21	23.00
24.00	Multiply line 22 time line 23			542,733	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,860,682	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	25,961	6,780		26.00
27.00	Total Inpatient Days (see instructions)	68,553	68,553		27.00
28.00	Ratio of inpatient days to total inpatient days	0.378700	0.098902		28.00
29.00	Program direct GME amount	1,462,040	381,829		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		53,952		30.00
31.00	Net Program direct GME amount			1,789,917	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)	15,292	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)	1,307,880	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.011692	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	56,593,091	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)	44,737	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	56,548,354	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	21,119,586	42.00
43.00	Primary payer payments (see instructions)	3,754	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	21,115,832	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	77,664,186	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.728114	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.271886	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	1,789,917	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,303,264	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	486,653	50.00

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

Provider CCN: 140209

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

Worksheet G

Date/Time Prepared: 5/19/2016 5:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	24,538,821	0	0	0	1.00
2.00	Temporary investments	3,275,161	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	50,677,829	0	0	0	4.00
5.00	Other receivable	7,226,520	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,915,015	0	0	0	7.00
8.00	Prepaid expenses	3,052,200	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	46,195,810	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	139,881,356	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	10,682,191	0	0	0	13.00
14.00	Accumulated depreciation	-6,257,896	0	0	0	14.00
15.00	Buildings	291,463,191	0	0	0	15.00
16.00	Accumulated depreciation	-172,635,626	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	132,466,963	0	0	0	19.00
20.00	Accumulated depreciation	-120,428,705	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	171,378,993	0	0	0	23.00
24.00	Accumulated depreciation	-152,187,272	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)	155,940,191	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	176,771,937	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	67,419,243	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	244,191,180	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	540,012,727	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	27,129,093	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,246,405	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,675,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	52,695,092	0	0	0	43.00
44.00	Other current liabilities	14,669,106	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	110,414,696	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	90,893,644	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	126,885,532	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	217,779,176	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	328,193,872	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	211,818,855				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)	211,818,855	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	540,012,727	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-1 | Date/Time Prepared: 5/19/2016 5:41 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		212,132,673		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		13,773,981				2.00
3.00	Total (sum of line 1 and line 2)		225,906,654		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		225,906,654		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	CHANGE IN UNRESTRICTED	13,404,355		0		0	13.00
14.00	CHANGE IN TEMP & PERM REST	683,444		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)		14,087,799		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		211,818,855		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	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00	CHANGE IN UNRESTRICTED		0		13.00
14.00	CHANGE IN TEMP & PERM REST		0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/19/2016 5:41 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	88,665,757		88,665,757	1.00
2.00	SUBPROVIDER - IPF	27,150,338		27,150,338	2.00
3.00	SUBPROVIDER - IRF	10,495,199		10,495,199	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
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)	126,311,294		126,311,294	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	11,945,586		11,945,586	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	11,729,649		11,729,649	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,675,235		23,675,235	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	149,986,529		149,986,529	17.00
18.00	Ancillary services	401,089,351	0	401,089,351	18.00
19.00	Outpatient services	0	581,997,907	581,997,907	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		8,387,520	8,387,520	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,355,274	3,355,274	26.00
27.00	PHYSICIANS	0	94,937,131	94,937,131	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	551,075,880	688,677,832	1,239,753,712	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		302,050,075		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		302,050,075		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140209 | Period: From 01/01/2015 To 12/31/2015 | Worksheet G-3 | Date/Time Prepared: 5/19/2016 5:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,239,753,712	1.00
2.00	Less contractual allowances and discounts on patients' accounts	875,847,029	2.00
3.00	Net patient revenues (line 1 minus line 2)	363,906,683	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	302,050,075	4.00
5.00	Net income from service to patients (line 3 minus line 4)	61,856,608	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	13,788	6.00
7.00	Income from investments	188,352	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	1,108,071	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.)	10,817,293	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 MISC REVENUE	13,616,319	24.00
25.00	Total other income (sum of lines 6-24)	25,743,823	25.00
26.00	Total (line 5 plus line 25)	87,600,431	26.00
27.00	PEORIA HOME OFFICE EXPENSES	73,826,450	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	73,826,450	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,773,981	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H
Date/Time Prepared: 5/19/2016 5:41 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,115,691	173,655	7,016	218,217	184,866	1,699,445	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,677,915	389,820	0	9	194,722	3,262,466	6.00
7.00	Physical Therapy	0	0	0	1,163,793	0	1,163,793	7.00
8.00	Occupational Therapy	0	0	0	229,201	0	229,201	8.00
9.00	Speech Pathology	0	0	0	65,930	0	65,930	9.00
10.00	Medical Social Services	73,852	11,507	0	0	6,771	92,130	10.00
11.00	Home Health Aide	132,239	31,187	0	0	46,049	209,475	11.00
12.00	Supplies (see instructions)	0	0	0	0	150,929	150,929	12.00
13.00	Drugs	0	0	0	0	6,457	6,457	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,999,697	606,169	7,016	1,677,150	589,794	6,879,826	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	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	-93,773	1,605,672	-17,444	1,588,228			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,262,466	0	3,262,466			6.00
7.00	Physical Therapy	0	1,163,793	0	1,163,793			7.00
8.00	Occupational Therapy	0	229,201	0	229,201			8.00
9.00	Speech Pathology	0	65,930	0	65,930			9.00
10.00	Medical Social Services	0	92,130	0	92,130			10.00
11.00	Home Health Aide	0	209,475	0	209,475			11.00
12.00	Supplies (see instructions)	0	150,929	0	150,929			12.00
13.00	Drugs	0	6,457	0	6,457			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-93,773	6,786,053	-17,444	6,768,609			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-1 Part I
Date/Time Prepared: 5/19/2016 5:41 pm

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,588,228	0	0	0	0	1,588,228	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,262,466	0	0	0	0	3,262,466	6.00
7.00	Physical Therapy	1,163,793	0	0	0	0	1,163,793	7.00
8.00	Occupational Therapy	229,201	0	0	0	0	229,201	8.00
9.00	Speech Pathology	65,930	0	0	0	0	65,930	9.00
10.00	Medical Social Services	92,130	0	0	0	0	92,130	10.00
11.00	Home Health Aide	209,475	0	0	0	0	209,475	11.00
12.00	Supplies (see instructions)	150,929	0	0	0	0	150,929	12.00
13.00	Drugs	6,457	0	0	0		6,457	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,768,609	0	0	0	0	6,768,609	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,588,228		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,000,223	4,262,689	6.00
7.00	Physical Therapy	356,801	1,520,594	7.00
8.00	Occupational Therapy	70,270	299,471	8.00
9.00	Speech Pathology	20,213	86,143	9.00
10.00	Medical Social Services	28,246	120,376	10.00
11.00	Home Health Aide	64,222	273,697	11.00
12.00	Supplies (see instructions)	46,273	197,202	12.00
13.00	Drugs	1,980	8,437	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		6,768,609	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-1
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,588,228	5,180,381	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	3,262,466	6.00
7.00	Physical Therapy	0	0	0	0	0	1,163,793	7.00
8.00	Occupational Therapy	0	0	0	0	0	229,201	8.00
9.00	Speech Pathology	0	0	0	0	0	65,930	9.00
10.00	Medical Social Services	0	0	0	0	0	92,130	10.00
11.00	Home Health Aide	0	0	0	0	0	209,475	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	150,929	12.00
13.00	Drugs	0	0	0		0	6,457	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,588,228	5,180,381	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,588,228	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.306585	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-2 Part I
Date/Time Prepared: 5/19/2016 5:41 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
		0	1.00	2.00	4.00	4.01	4A.01	
1.00	Administrative and General	0	0	5,071	443,835	0	448,906	1.00
2.00	Skilled Nursing Care	4,262,689	0	0	0	0	4,262,689	2.00
3.00	Physical Therapy	1,520,594	0	0	0	0	1,520,594	3.00
4.00	Occupational Therapy	299,471	0	0	0	0	299,471	4.00
5.00	Speech Pathology	86,143	0	0	0	0	86,143	5.00
6.00	Medical Social Services	120,376	0	0	0	0	120,376	6.00
7.00	Home Health Aide	273,697	0	0	0	0	273,697	7.00
8.00	Supplies (see instructions)	197,202	0	0	0	0	197,202	8.00
9.00	Drugs	8,437	0	0	0	0	8,437	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)	6,768,609	0	5,071	443,835	0	7,217,515	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	121,341	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,152,222	0	0	0	0	0	2.00
3.00	Physical Therapy	411,023	0	0	0	0	0	3.00
4.00	Occupational Therapy	80,948	0	0	0	0	0	4.00
5.00	Speech Pathology	23,285	0	0	0	0	0	5.00
6.00	Medical Social Services	32,538	0	0	0	0	0	6.00
7.00	Home Health Aide	73,981	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	53,304	0	0	0	0	0	8.00
9.00	Drugs	2,281	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,950,923	0	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: 140209
HHA CCN: 147259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Home Health Agency I | PPS

	Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	93,378	0	431,958	4,313	3,089	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)	93,378	0	431,958	4,313	3,089	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	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal	
		17.00	19.00	20.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	0	1,102,985	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	5,414,911	2.00
3.00	Physical Therapy	0	0	0	0	0	1,931,617	3.00
4.00	Occupational Therapy	0	0	0	0	0	380,419	4.00
5.00	Speech Pathology	0	0	0	0	0	109,428	5.00
6.00	Medical Social Services	0	0	0	0	0	152,914	6.00
7.00	Home Health Aide	0	0	0	0	0	347,678	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	250,506	8.00
9.00	Drugs	0	0	0	0	0	10,718	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	0	0	0	0	9,701,176	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: 140209
HHA CCN: 147259

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

Worksheet H-2
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Home Health Agency I

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	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	1,102,985					1.00
2.00	Skilled Nursing Care	0	5,414,911	694,630	6,109,541			2.00
3.00	Physical Therapy	0	1,931,617	247,790	2,179,407			3.00
4.00	Occupational Therapy	0	380,419	48,801	429,220			4.00
5.00	Speech Pathology	0	109,428	14,038	123,466			5.00
6.00	Medical Social Services	0	152,914	19,616	172,530			6.00
7.00	Home Health Aide	0	347,678	44,600	392,278			7.00
8.00	Supplies (see instructions)	0	250,506	32,135	282,641			8.00
9.00	Drugs	0	10,718	1,375	12,093			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19) (2)	0	9,701,176	1,102,985	9,701,176			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.			0.128281				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: 140209
HHA CCN: 147259

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

Worksheet H-2 Part II
Date/Time Prepared: 5/19/2016 5:41 pm

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		1.00	2.00	4.00	4.01	5A	5.00	
1.00	Administrative and General	0	21,255	3,939,734	0	0	448,906	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,262,689	2.00
3.00	Physical Therapy	0	0	0	0	0	1,520,594	3.00
4.00	Occupational Therapy	0	0	0	0	0	299,471	4.00
5.00	Speech Pathology	0	0	0	0	0	86,143	5.00
6.00	Medical Social Services	0	0	0	0	0	120,376	6.00
7.00	Home Health Aide	0	0	0	0	0	273,697	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	197,202	8.00
9.00	Drugs	0	0	0	0	0	8,437	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	21,255	3,939,734	0		7,217,515	20.00
21.00	Total cost to be allocated	0	5,071	443,835	0		1,950,923	21.00
22.00	Unit cost multiplier	0.000000	0.238579	0.112656	0.000000		0.270304	22.00

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	0	0	0	6,643	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	6,643	20.00
21.00	Total cost to be allocated	0	0	0	0	0	93,378	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	14.056601	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-2 Part II
Date/Time Prepared: 5/19/2016 5:41 pm

Home Health Agency I — PPS

	Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	6,643	150,868	6,428	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	6,643	150,868	6,428	0	0	20.00
21.00	Total cost to be allocated	0	431,958	4,313	3,089	0	0	21.00
22.00	Unit cost multiplier	0.000000	65.024537	0.028588	0.480554	0.000000	0.000000	22.00

	Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		19.00	20.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-3 Part I
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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 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	6,109,541		6,109,541	31,128	196.27	1.00
2.00	Physical Therapy	3.00	2,179,407	0	2,179,407	15,629	139.45	2.00
3.00	Occupational Therapy	4.00	429,220	0	429,220	4,360	98.44	3.00
4.00	Speech Pathology	5.00	123,466	0	123,466	580	212.87	4.00
5.00	Medical Social Services	6.00	172,530		172,530	818	210.92	5.00
6.00	Home Health Aide	7.00	392,278		392,278	5,729	68.47	6.00
7.00	Total (sum of lines 1-6)		9,406,442	0	9,406,442	58,244		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		19340	0	12			8.00
8.01	Skilled Nursing Care		37900	0	15,411			8.01
8.02	Skilled Nursing Care		99914	0	389			8.02
9.00	Physical Therapy		19340	0	12			9.00
9.01	Physical Therapy		37900	0	8,407			9.01
9.02	Physical Therapy		99914	0	170			9.02
10.00	Occupational Therapy		19340	0	8			10.00
10.01	Occupational Therapy		37900	0	2,322			10.01
10.02	Occupational Therapy		99914	0	33			10.02
11.00	Speech Pathology		19340	0	0			11.00
11.01	Speech Pathology		37900	0	320			11.01
11.02	Speech Pathology		99914	0	1			11.02
12.00	Medical Social Services		19340	0	0			12.00
12.01	Medical Social Services		37900	0	380			12.01
12.02	Medical Social Services		99914	0	4			12.02
13.00	Home Health Aide		19340	0	0			13.00
13.01	Home Health Aide		37900	0	3,789			13.01
13.02	Home Health Aide		99914	0	51			13.02
14.00	Total (sum of lines 8-13)			0	31,309			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 (cols. 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	282,641	0	282,641	0	0.000000	15.00
16.00	Cost of Drugs	9.00	12,093	0	12,093	0	0.000000	16.00

	Cost Center Description	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance	Cost of Services: Part A	Cost of Services: Part B Not Subject to Deductibles & Coinsurance	Cost of Services: Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	15,812		0	3,103,421		1.00
2.00	Physical Therapy	0	8,589		0	1,197,736		2.00
3.00	Occupational Therapy	0	2,363		0	232,614		3.00
4.00	Speech Pathology	0	321		0	68,331		4.00
5.00	Medical Social Services	0	384		0	80,993		5.00
6.00	Home Health Aide	0	3,840		0	262,925		6.00
7.00	Total (sum of lines 1-6)	0	31,309		0	4,946,020		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-3
Part I
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	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
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 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	3,103,421	1.00
2.00	Physical Therapy	1,197,736	2.00
3.00	Occupational Therapy	232,614	3.00
4.00	Speech Pathology	68,331	4.00
5.00	Medical Social Services	80,993	5.00
6.00	Home Health Aide	262,925	6.00
7.00	Total (sum of lines 1-6)	4,946,020	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
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140209 HHA CCN: 147259	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/19/2016 5:41 pm
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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.209208	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.197703	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.274427	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.041486	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.326678	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 140209 HHA CCN: 147259	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	4,288,147	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	112,794	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	67,092	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	25,135	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	30,405	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	4,523,573	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	4,523,573	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	4,523,573	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	4,523,573	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	4,523,573	31.00
31.01	Sequestration adjustment (see instructions)	0	90,472	31.01
32.00	Interim payments (see instructions)	0	4,433,059	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	42	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

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

Provider CCN: 140209
HHA CCN: 147259

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

Worksheet H-5
Date/Time Prepared: 5/19/2016 5:41 pm

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		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		4,433,059	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		4,433,059	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		42	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,433,101	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	53,597	8,206	1,331	275,504	46,496	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	550,814	84,335	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	4,140	9.00
10.00	Nursing Care	0	0	62,722	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	75,336	11,535	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	47,514	7,275	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	371,456	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	150,049	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	41,813	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	98,956	15,151	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	826,217	126,502	64,053	275,504	613,954	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	385,134	-150,049	235,085	-6,062	229,023	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	635,149	0	635,149	0	635,149	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	4,140	0	4,140	0	4,140	9.00
10.00	Nursing Care	62,722	0	62,722	0	62,722	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	86,871	0	86,871	0	86,871	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,789	0	54,789	0	54,789	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	371,456	0	371,456	0	371,456	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	150,049	0	150,049	0	150,049	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	41,813	0	41,813	0	41,813	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	114,107	0	114,107	0	114,107	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,906,230	-150,049	1,756,181	-6,062	1,750,119	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-1

Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	550,814	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	75,336	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	75,336	0	550,814	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-1

Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	53,597	53,597		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	550,814		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	75,336		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		47,514	0	47,514		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	98,956	98,956		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	47,514	152,553	826,217		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-2
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	84,335	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	11,535	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	11,535	0	84,335	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-2
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	8,206	8,206		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	84,335		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	11,535		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		7,275	0	7,275		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	15,151	15,151		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	7,275	23,357	126,502		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-3
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-3
Date/Time Prepared: 5/19/2016 5:41 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	275,504	275,504		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	275,504	275,504		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-4
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	229,023	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	635,149	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	4,140	0	0	0	0	9.00
10.00	Nursing Care	62,722	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	86,871	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	54,789	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	371,456	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	150,049	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	41,813	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	114,107	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,750,119	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-4
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	229,023	229,023			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	635,149	95,631	730,780		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	4,140	623	4,763		9.00
10.00	Nursing Care	0	62,722	9,444	72,166		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	86,871	13,080	99,951		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	54,789	8,249	63,038		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	371,456	55,928	427,384		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	150,049	22,592	172,641		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	41,813	6,296	48,109		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	114,107	17,180	131,287		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,750,119		1,750,119		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-4
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-4
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-229,023	1,521,096		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	635,149		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	4,140		9.00
10.00	Nursing Care	0	62,722		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	86,871		15.00
16.00	Spiritual Counseling	0	0		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	54,789		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	371,456		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	150,049		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	0		29.00
30.00	Medical Supplies	0	41,813		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	114,107		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		229,023		39.00
40.00	Unit Cost Multiplier		0.150564		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	PARKING	
		0	1.00	2.00	4.00	4.01	
1.00	Administrative and General		0	195	93,078	0	1.00
2.00	Inpatient - General Care	730,780	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	4,763	0	0	0	0	4.00
5.00	Nursing Care	72,166	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	99,951	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	63,038	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	427,384	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	172,641	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	48,109	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	131,287	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,750,119	0	195	93,078	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	93,273	25,212	0	0	0	1.00
2.00	Inpatient - General Care	730,780	197,533	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	4,763	1,287	0	0	0	4.00
5.00	Nursing Care	72,166	19,507	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	99,951	27,017	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	63,038	17,039	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	427,384	115,524	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	172,641	46,666	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	48,109	13,004	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	131,287	35,487	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,843,392	498,276	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	20,832	0	96,366	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	20,832	0	96,366	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
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Hospice I

	Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	1,195	178,519	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,195	178,519	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	INTERNS & RESIDENTS SRVCES-OTHER PRGM COSTS	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		20.00	21.00	22.00	24.00	25.00	
1.00	Administrative and General	0	0	0	415,397		1.00
2.00	Inpatient - General Care	0	0	0	928,313	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	6,050	0	4.00
5.00	Nursing Care	0	0	0	91,673	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	126,968	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	80,077	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	542,908	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	219,307	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	61,113	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	166,774	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	2,638,580	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part I
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	928,313	173,454	1,101,767		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	6,050	1,130	7,180		4.00
5.00	Nursing Care	91,673	17,129	108,802		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	126,968	23,724	150,692		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	80,077	14,962	95,039		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	542,908	101,441	644,349		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	219,307	40,977	260,284		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	61,113	11,419	72,532		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	166,774	31,161	197,935		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,638,580		2,638,580		34.00
35.00	Unit Cost Multiplier (see instructions)		0.186848			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
		1.00	2.00	4.00	4.01	5A	
1.00	Administrative and General	2,880	816	826,217	2,880	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,880	816	826,217	2,880		34.00
35.00	Total cost to be allocated	0	195	93,078	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.238971	0.112656	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	93,273	2,880	2,880	0	0	1.00
2.00	Inpatient - General Care	730,780	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	4,763	0	0	0	0	4.00
5.00	Nursing Care	72,166	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	99,951	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	63,038	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	427,384	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	172,641	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	48,109	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	131,287	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,843,392	2,880	2,880	0	0	34.00
35.00	Total cost to be allocated	498,276	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.270304	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	1,482	0	1,482	41,813	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,482	0	1,482	41,813	34.00
35.00	Total cost to be allocated	0	20,832	0	96,366	1,195	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	14.056680	0.000000	65.024291	0.028580	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	371,454	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	371,454	0	0	0	0	34.00
35.00	Total cost to be allocated	178,519	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.480595	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part II
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-5
Part III
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.209208	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.197703	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.274427	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.326678	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.101648	0	0	6.00
6.01	NORTHSIDE LAB	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGED TO PATIENTS	71.00	0.041486	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.149978	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.356069	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	76.01	0.133688	0	0	10.01
10.02	CARDIOLOGY	76.02	0.147415	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	76.03	0.099889	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	2.753752	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.156976	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	10.99
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140209
Hospice CCN: 141537

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

Worksheet K-6
Date/Time Prepared:
5/19/2016 5:41 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,638,580	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				15,848	2.00
3.00	Average cost per diem (line 1 divided by line 2)				166.49	3.00
4.00	Updupliated Medicare Days (Worksheet S-9, column 1, line 5)	15,848				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,638,534				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Updupliated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140209	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/19/2016 5:41 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,464,261	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	48,347	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)	134.16	3.00
4.00	Number of interns & residents (see instructions)	27.48	4.00
5.00	Indirect medical education percentage (see instructions)	5.95	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)	146,624	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	30.21	8.00
9.00	Sum of lines 7 and 8	33.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)	7.02	10.00
11.00	Disproportionate share adjustment (see instructions)	172,991	11.00
12.00	Total prospective capital payments (see instructions)	2,832,223	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00