

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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet S Parts I-III Date/Time Prepared: 10/22/2015 7:29 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 10/22/2015	Time: 7:29 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDISH AMERICAN HOSPITAL (140228) for the cost reporting period beginning 06/01/2014 and ending 05/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,057,841	-82,734	-144,193	0	1.00
2.00 Subprovider - IPF	0	25,376	28		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-137		0	9.00
200.00 Total	0	1,083,217	-82,843	-144,193	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-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet S-2 Part I Date/Time Prepared: 10/22/2015 4:43 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 61104 County: WINNEBAGO				
1.00 Street: 1401 EAST STATE ST.		2.00 City: ROCKFORD		3.00 State: IL		4.00 Zip Code: 61104		5.00 County: WINNEBAGO		
Component Name		1.00 CCN Number	2.00 CBSA Number	3.00 Provider Type	4.00 Date Certified	5.00 Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00 V	7.00 XVIII	8.00 XIX	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	SWEDI SHAMERICAN HOSPITAL	140228	40420	1	06/30/1966	0	P	0	3.00
4.00	Subprovider - IPF	SWEI SHAMERICAN HOSPITAL PSYCH UNIT	14S228	40420	4	05/31/1986	N	P	0	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	SWEDI SHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	0	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					06/01/2014	05/31/2015		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,445	806	68	0	7,504	2,106		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet S-2 Part I Date/Time Prepared: 10/22/2015 4:43 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 in effect in the cost reporting period.	0				37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for 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)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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, § 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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
10/22/2015 4:43 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	0.00	0.000000 64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	6.97	11.38	0.379837 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet S-2 Part I Date/Time Prepared: 10/22/2015 4:43 pm	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.40	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	8.94	16.26	0.354762 67.00	
				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, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00

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		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/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: 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 would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				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, §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.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	750,556	0	4,150,000	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet S-2 Part I Date/Time Prepared: 10/22/2015 4:43 pm	
		1.00		2.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
		1.00		2.00			
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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
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	
		1.00		2.00		3.00	
						Title XIX	
						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	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet S-2 Part I Date/Time Prepared: 10/22/2015 4:43 pm	
			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)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet S-2 Part II Date/Time Prepared: 10/22/2015 4:43 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/06/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				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.	PATTI		DEWANE	
42.00	Enter the employer/company name of the cost report preparer.	SWEDI SHAMERICAN HEALTH SYSTEM			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-4009		PDEWANE@SWEDI SHAMERICAN.ORG	

		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)	10/06/2015	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.	VICE PRESIDENT, FINANCE & TREASURER	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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
10/22/2015 4:43 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	264	96,360	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)		264	96,360	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
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					0	13.00
14.00 Total (see instructions)	43.00	286	104,390	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						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						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)		306				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,203	9,526	50,380			1.00
2.00 HMO and other (see instructions)	6,175	7,695				2.00
3.00 HMO IPF Subprovider	0	1,210				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,203	9,526	50,380			7.00
8.00 INTENSIVE CARE UNIT	2,232	633	5,558			8.00
8.01 PEDIATRIC ICU	0	0	0			8.01
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		2,691	6,978			13.00
14.00 Total (see instructions)	21,435	12,850	62,916	24.74	1,959.58	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,447	329	5,113	0.46	62.58	16.00
17.00 SUBPROVIDER - IRF						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	14,246	2,916	27,985	0.00	82.38	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				25.20	2,104.54	27.00
28.00 Observation Bed Days		825	6,873			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	384	941			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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,431	3,796	17,371	1.00
2.00	HMO and other (see instructions)			1,227	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						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
8.01	PEDIATRIC ICU						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,431	3,796	17,371	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	215	205	932	16.00
17.00	SUBPROVIDER - IRF						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						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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	176,127,868	-82,464	176,045,404	5,438,692.00	32.37
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		71,450	0	71,450	454.00	157.38
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		478,446	0	478,446	4,992.00	95.84
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		52,211,118	-360,560	51,850,558	1,378,178.00	37.62
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		305,413	0	305,413	4,039.00	75.62
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		6,940,171	0	6,940,171	103,037.00	67.36
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		38,971,794	0	38,971,794		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		13,806,843	0	13,806,843		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		4,904	0	4,904		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		53,926	0	53,926		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,102,825	-430,669	1,672,156	68,858.00	24.28
27.00	Administrative & General	5.00	28,805,848	-366,082	28,439,766	709,965.00	40.06
28.00	Administrative & General under contract (see inst.)		1,270,839	0	1,270,839	6,399.00	198.60
29.00	Maintenance & Repairs	6.00	533,303	428,865	962,168	25,926.00	37.11
30.00	Operation of Plant	7.00	1,166,462	0	1,166,462	36,825.00	31.68
31.00	Laundry & Linen Service	8.00	67,908	0	67,908	6,329.00	10.73
32.00	Housekeeping	9.00	2,753,060	-821	2,752,239	198,785.00	13.85
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,198,774	0	2,198,774	155,610.00	14.13
35.00	Dietary under contract (see instructions)		292,204	0	292,204	8,320.00	35.12
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,609,834	0	1,609,834	69,273.00	23.24
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	4,880,238	-3,410	4,876,828	123,658.00	39.44

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
10/22/2015 4:43 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	1,458,560	-235	1,458,325	67,037.00	21.75	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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
10/22/2015 4:43 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)	177,212,465	-82,464	177,130,001	5,448,419.00	32.51	1.00
2.00	Excluded area salaries (see instructions)	52,211,118	-360,560	51,850,558	1,378,178.00	37.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	125,001,347	278,096	125,279,443	4,070,241.00	30.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,245,584	0	7,245,584	107,076.00	67.67	4.00
5.00	Subtotal wage-related costs (see inst.)	38,976,698	0	38,976,698	0.00	31.11	5.00
6.00	Total (sum of lines 3 thru 5)	171,223,629	278,096	171,501,725	4,177,317.00	41.06	6.00
7.00	Total overhead cost (see instructions)	47,139,855	-372,352	46,767,503	1,476,985.00	31.66	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part IV
Date/Time Prepared:
10/22/2015 4:43 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	7,705,936	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	2,591,621	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)	26,812,891	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	407,911	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)	1,687,181	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,209,792	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	10,716,376	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	215,843	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	652,581	22.00
23.00	Tuition Reimbursement	837,335	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	52,837,467	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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-3
Part V
Date/Time Prepared:
10/22/2015 4:43 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	305,413	51,767,349	1.00
2.00	Hospital	305,413	51,767,349	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet S-4
		Component CCN: 147448		Date/Time Prepared: 10/22/2015 4:43 pm
			Home Health Agency I	PPS

					1.00	
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0.00	County					0.00
		Title V	Title XVIII	Title XIX	Other	Total
		1.00	2.00	3.00	4.00	5.00

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,549	85	49	2,683	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,066.00	215.00	551.00	1,832.00	2.00

		Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	40.00				3.00
4.00	Director(s) and Assistant Director(s)	1.00				4.00
5.00	Other Administrative Personnel	21.70				5.00
6.00	Direct Nursing Service	14.10				6.00
7.00	Nursing Supervisor	0.00				7.00
8.00	Physical Therapy Service	4.88				8.00
9.00	Physical Therapy Supervisor	0.40				9.00
10.00	Occupational Therapy Service	1.35				10.00
11.00	Occupational Therapy Supervisor	0.00				11.00
12.00	Speech Pathology Service	0.03				12.00
13.00	Speech Pathology Supervisor	0.00				13.00
14.00	Medical Social Service	0.98				14.00
15.00	Medical Social Service Supervisor	0.00				15.00
16.00	Home Health Aide	1.29				16.00
17.00	Home Health Aide Supervisor	0.00				17.00
18.00	PHARMACY TECH	0.16				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.	5				19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	40420				20.00
20.01		99914				20.01
20.02		16974				20.02
20.03		50184				20.03
20.04		20994				20.04

		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	7,417	173	494	113	8,197	21.00
22.00	Skilled Nursing Visit Charges	1,059,232	25,470	59,116	16,050	1,159,868	22.00
23.00	Physical Therapy Visits	3,850	18	125	75	4,068	23.00
24.00	Physical Therapy Visit Charges	572,882	2,850	15,675	11,250	602,657	24.00
25.00	Occupational Therapy Visits	999	23	23	24	1,069	25.00
26.00	Occupational Therapy Visit Charges	157,200	3,510	2,790	3,930	167,430	26.00
27.00	Speech Pathology Visits	151	10	2	3	166	27.00
28.00	Speech Pathology Visit Charges	23,730	1,530	180	510	25,950	28.00
29.00	Medical Social Service Visits	143	1	3	5	152	29.00
30.00	Medical Social Service Visit Charges	25,560	180	540	900	27,180	30.00
31.00	Home Health Aide Visits	566	17	0	11	594	31.00
32.00	Home Health Aide Visit Charges	50,130	1,530	0	990	52,650	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,126	242	647	231	14,246	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,888,734	35,070	78,301	33,630	2,035,735	35.00
36.00	Total Number of Episodes (standard/non outlier)	928		169	18	1,115	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	610,175	11,646	69,664	4,873	696,358	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet S-10

Date/Time Prepared:
10/22/2015 4:43 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)	0.181241			1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	56,402,506			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	27,501,311			5.00
6.00	Medicaid charges	415,166,782			6.00
7.00	Medicaid cost (line 1 times line 6)	75,245,243			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)	0			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)	0			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	16,412,606	4,914,575	21,327,181	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,974,637	890,722	3,865,359	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,974,637	890,722	3,865,359	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)	26,613,158			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	2,195,815			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	24,417,343			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,425,424			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	8,290,783			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	8,290,783			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		12,698,936		12,698,936	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,320,472	3,866,776	14,187,248	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,102,825	2,734,029	-13,264	4,823,590	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	28,805,848	48,162,458	-5,272,141	71,696,165	5.00	
6.00	00600	MAINTENANCE & REPAIRS	533,303	759,436	880,639	2,173,378	6.00	
7.00	00700	OPERATION OF PLANT	1,166,462	3,856,460	-10,281	5,012,641	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	67,908	1,336,508	-505	1,403,911	8.00	
9.00	00900	HOUSEKEEPING	2,753,060	1,667,606	-7,571	4,413,095	9.00	
10.00	01000	DIETARY	2,198,774	2,932,964	-123,859	5,007,879	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,609,834	767,401	-4,069	2,373,166	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,904,687	-4,813,135	-908,448	14.00	
15.00	01500	PHARMACY	4,880,238	15,085,920	-9,139,184	10,826,974	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,458,560	1,998,533	-62,829	3,394,264	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,759,071	-54	4,759,017	22.00	
23.00	02300	PARAMED ED PRGM	153,747	55,680	209,427	209,427	23.00	
23.01	02304	PHARMACY RESIDENCY	79,620	44,988	124,608	124,608	23.01	
23.20	02301	PARAMED ED PRGM - RADIOLOGY	165,485	94,215	259,700	-3,481	256,219	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30	
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	524,555	690,509	1,215,064	-41,873	1,173,191	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,560,546	12,380,793	32,941,339	1,151,674	34,093,013	30.00
31.00	03100	INTENSIVE CARE UNIT	4,142,095	3,216,929	7,359,024	385,505	7,744,529	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	1,688,811	2,438,588	4,127,399	-1,457,813	2,669,586	40.00
43.00	04300	NURSERY	1,451,474	1,767,463	3,218,937	1,422,909	4,641,846	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,419,046	32,761,798	41,180,844	-15,215,116	25,965,728	50.00
50.20	03340	GASTROINTESTINAL SERVICES	551,780	504,287	1,056,067	345,584	1,401,651	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,153,759	1,795,112	4,948,871	802,960	5,751,831	52.00
53.00	05300	ANESTHESIOLOGY	83,291	533,287	616,578	80,400	696,978	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,019,222	12,372,086	20,391,308	-5,861,307	14,530,001	54.00
54.10	03480	ONCOLOGY	9,451,755	22,779,653	32,231,408	-1,310,740	30,920,668	54.10
54.20	05401	CT	871,177	1,119,864	1,991,041	52,071	2,043,112	54.20
54.30	05402	MRI	732,648	836,879	1,569,527	-2,518	1,567,009	54.30
60.00	06000	LABORATORY	3,265,699	8,350,193	11,615,892	-271,859	11,344,033	60.00
60.01	06001	BLOOD	234,364	1,465,831	1,700,195	0	1,700,195	60.01
65.00	06500	RESPIRATORY THERAPY	2,186,325	1,642,238	3,828,563	-481,532	3,347,031	65.00
66.00	06600	PHYSICAL THERAPY	3,873,052	2,164,635	6,037,687	-17,642	6,020,045	66.00
69.00	06900	ELECTROCARDIOLOGY	995,016	1,305,198	2,300,214	-12,620	2,287,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	96,944	125,456	222,400	-1,096	221,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,949,917	7,949,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,033,978	14,033,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,121,700	9,121,700	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	426,094	543,893	969,987	-2,680	967,307	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	100,531	100,531	75.10
75.20	03951	HEMODIALYSIS	0	699,665	699,665	10,763	710,428	75.20
76.97	07697	CARDIAC REHABILITATION	757,438	530,974	1,288,412	-2,481	1,285,931	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	592,093	673,078	1,265,171	38,339	1,303,510	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	329,493	168,236	497,729	-498	497,231	90.02
90.03	09003	STATELINE CLINIC	450,708	364,797	815,505	0	815,505	90.03
91.00	09100	EMERGENCY	7,659,457	5,415,110	13,074,567	-24,057	13,050,510	91.00
91.05	09101	AMBULATORY CARE	36,462	15,878	52,340	0	52,340	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	339,097	339,097	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,640,209	2,034,772	5,674,981	-54,575	5,620,406	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	130,169,177	229,876,566	360,045,743	-3,625,937	356,419,806	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A

Date/Time Prepared:
10/22/2015 4:43 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	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	43,811,037	45,149,765	88,960,802	1,021,490	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	23,520	9,255	32,775	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	423,111	446,941	870,052	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	295,534	111,234	406,768	2,604,447	193.80
193.90	19308	COMPLIMENTARY MEDICINE	636,767	821,818	1,458,585	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	768,722	809,631	1,578,353	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	176,127,868	277,225,210	453,353,078	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A
Date/Time Prepared:
10/22/2015 4:43 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	-3,585,805	9,113,131	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	14,187,248	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-823,284	4,000,306	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,906,590	59,789,575	5.00
6.00	00600	MAINTENANCE & REPAIRS	-21,749	2,151,629	6.00
7.00	00700	OPERATION OF PLANT	-7,933	5,004,708	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-9,211	1,394,700	8.00
9.00	00900	HOUSEKEEPING	-191	4,412,904	9.00
10.00	01000	DIETARY	-1,444,518	3,563,361	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-92,940	2,280,226	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-908,448	14.00
15.00	01500	PHARMACY	-8,424	10,818,550	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-241,309	3,152,955	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	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-4,280,821	478,196	22.00
23.00	02300	PARAMED ED PRGM	0	209,427	23.00
23.01	02304	PHARMACY RESIDENCY	0	124,608	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	-174,458	81,761	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-118,992	1,054,199	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,465,497	30,627,516	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,142,473	6,602,056	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	-218,288	2,451,298	40.00
43.00	04300	NURSERY	-1,092,077	3,549,769	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,767,306	20,198,422	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	-6,736	1,394,915	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	-551	5,751,280	52.00
53.00	05300	ANESTHESIOLOGY	-300,489	396,489	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-18,030	14,511,971	54.00
54.10	03480	ONCOLOGY	-250,228	30,670,440	54.10
54.20	05401	CT	-18,599	2,024,513	54.20
54.30	05402	MRI	0	1,567,009	54.30
60.00	06000	LABORATORY	2,817	11,346,850	60.00
60.01	06001	BLOOD	0	1,700,195	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,347,031	65.00
66.00	06600	PHYSICAL THERAPY	-6,503	6,013,542	66.00
69.00	06900	ELECTROCARDIOLOGY	-449,117	1,838,477	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-73,560	147,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,949,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,033,978	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,121,700	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	6,612	973,919	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	100,531	75.10
75.20	03951	HEMODIALYSIS	0	710,428	75.20
76.97	07697	CARDIAC REHABILITATION	-47,742	1,238,189	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-28,893	1,274,617	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	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	-5,945	491,286	90.02
90.03	09003	STATELINE CLINIC	0	815,505	90.03
91.00	09100	EMERGENCY	-482,564	12,567,946	91.00
91.05	09101	AMBULATORY CARE	0	52,340	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	339,097	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	4,768	5,625,174	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,076,626	320,343,180	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	-56,595	89,925,697	192.01
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	32,775	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	2,938	872,990	193.60
193.70	19306	WOMEN'S CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,011,215	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,458,585	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,879	1,580,232	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-36,128,404	417,224,674	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - MEDICAL MAINTENANCE						
1.00	MAINTENANCE & REPAIRS	6.00	0	881,957	1.00	
	O		0	881,957		
B - CHARGABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,949,917	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	
	O		0	7,949,917		
C - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,121,700	1.00	
	O		0	9,121,700		
D - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	11,389	1.00	
	O		0	11,389		
E - PR EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,124	1.00	
2.00		0.00	0	0	2.00	
	O		0	35,124		
F - ANESTHESIA PHYSICIANS						
1.00	ANESTHESIOLOGY	53.00	0	80,400	1.00	
	O		0	80,400		
G - CAPITAL RELATED COSTS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,866,776	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	
	O		0	3,866,776		
H - PSYCHIATRIC						
1.00	ADULTS & PEDIATRICS	30.00	516,603	597,993	1.00	
2.00	PSYCHIATRIC PARTIAL	91.10	157,168	181,929	2.00	
	O		673,771	779,922		
I - NURSERY						
1.00	NURSERY	43.00	941,321	457,858	1.00	
	O		941,321	457,858		
J - NUTRITIONAL SUPPORT						
1.00	NUTRITIONAL SUPPORT	75.10	0	100,531	1.00	
	O		0	100,531		

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-6

Date/Time Prepared:
10/22/2015 4:43 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
K - MARKETING						
1.00	MARKETING EXPENSES	193.80	355,837	2,248,610	1.00	
	O		355,837	2,248,610		
L - RECRUITMENT BONUS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	52,250	0	1.00	
	O		52,250	0		
M - MAINTENANCE & REPAIRS						
1.00	MAINTENANCE & REPAIRS	6.00	428,865	0	1.00	
	O		428,865	0		
N - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,033,978	1.00	
2.00	O	0.00	0	0	2.00	
			0	14,033,978		
O - EQUIPMENT RENTAL						
1.00	ADULTS & PEDIATRICS	30.00	0	1,506,655	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	397,245	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	738	3.00	
4.00	NURSERY	43.00	0	24,569	4.00	
5.00	OPERATING ROOM	50.00	0	88,671	5.00	
6.00	GASTROINTESTINAL SERVICES	50.20	0	346,089	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	807,233	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	407,893	8.00	
9.00	ONCOLOGY	54.10	0	11,810	9.00	
10.00	CT	54.20	0	53,044	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	4,263	11.00	
12.00	HEMODIALYSIS	75.20	0	10,763	12.00	
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	41,715	13.00	
14.00	EMERGENCY	91.00	0	62,856	14.00	
	O		0	3,763,544		
P - RCC PROFESSIONAL COMPONENT						
1.00	SPECIALISTS/PCP'S	192.01	0	1,021,490	1.00	
	O		0	1,021,490		
Q - SHORT TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	482,919	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	10,245	2.00	
3.00	HOUSEKEEPING	9.00	0	821	3.00	
4.00	PHARMACY	15.00	0	3,410	4.00	
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	235	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	3,254	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	207	7.00	
8.00	NURSERY	43.00	0	3,815	8.00	
9.00	OPERATING ROOM	50.00	0	1,123	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	836	10.00	
11.00	ANESTHESIOLOGY	53.00	0	556	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,985	12.00	
13.00	ONCOLOGY	54.10	0	255	13.00	
14.00	LABORATORY	60.00	0	1,751	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	218	15.00	
16.00	PHYSICAL THERAPY	66.00	0	4,635	16.00	
17.00	EMERGENCY	91.00	0	1,688	17.00	
18.00	HOME HEALTH AGENCY	101.00	0	2,528	18.00	
19.00	SPECIALISTS/PCP'S	192.01	0	40,098	19.00	
	TOTALS		0	563,579		
500.00	Grand Total: Increases		2,452,044	44,916,775	500.00	

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - MEDICAL MAINTENANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	881,957	0	1.00
	O		0	881,957		
B - CHARGABLE MED SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,046,496	0	1.00
2.00	OPERATING ROOM	50.00	0	2,945,817	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,892,172	0	3.00
4.00	RESPIRATORY THERAPY	65.00	0	31,887	0	4.00
5.00	EMERGENCY	91.00	0	33,545	0	5.00
	O		0	7,949,917		
C - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	9,121,700	0	1.00
	O		0	9,121,700		
D - MEDICAL SUPPLIES						
1.00	DIETARY	10.00	0	11,389	0	1.00
	O		0	11,389		
E - PR EXPENSE						
1.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	1,309	0	1.00
2.00	PARAMED ED - PARAMEDICAL	23.40	0	33,815	0	2.00
	TECHS		0	35,124		
	O		0			
F - ANESTHESIA PHYSICIANS						
1.00	OPERATING ROOM	50.00	0	80,400	0	1.00
	O		0	80,400		
G - CAPITAL RELATED COSTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,264	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,820,861	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,318	0	3.00
4.00	OPERATION OF PLANT	7.00	0	10,281	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	505	0	5.00
6.00	HOUSEKEEPING	9.00	0	7,571	0	6.00
7.00	DIETARY	10.00	0	11,939	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	4,069	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,095	0	9.00
10.00	PHARMACY	15.00	0	17,484	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	62,829	0	11.00
12.00	I&R SERVICES-OTHER PRGM	22.00	0	54	0	12.00
	COSTS APPRV					
13.00	PARAMED ED PRGM - RADIOLOGY	23.20	0	2,172	0	13.00
14.00	PARAMED ED - PARAMEDICAL	23.40	0	8,058	0	14.00
	TECHS					
15.00	ADULTS & PEDIATRICS	30.00	0	81,787	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	11,740	0	16.00
17.00	SUBPROVIDER - IPF	40.00	0	4,858	0	17.00
18.00	NURSERY	43.00	0	839	0	18.00
19.00	OPERATING ROOM	50.00	0	107,075	0	19.00
20.00	GASTRO INTESTINAL SERVICES	50.20	0	505	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,273	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	513,545	0	22.00
23.00	ONCOLOGY	54.10	0	301,060	0	23.00
24.00	CT	54.20	0	973	0	24.00
25.00	MRI	54.30	0	2,518	0	25.00
26.00	LABORATORY	60.00	0	271,859	0	26.00
27.00	RESPIRATORY THERAPY	65.00	0	449,645	0	27.00
28.00	PHYSICAL THERAPY	66.00	0	17,642	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	16,883	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,096	0	30.00
31.00	SLEEP LAB	75.01	0	2,680	0	31.00
32.00	CARDIAC REHABILITATION	76.97	0	2,481	0	32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,376	0	33.00
34.00	DIABETES CLINIC	90.02	0	498	0	34.00
35.00	EMERGENCY	91.00	0	53,368	0	35.00
36.00	HOME HEALTH AGENCY	101.00	0	54,575	0	36.00
	O		0	3,866,776		
H - PSYCHIATRIC						
1.00	SUBPROVIDER - IPF	40.00	673,771	779,922	0	1.00
2.00		0.00	0	0	0	2.00
	O		673,771	779,922		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	941,321	457,858	0	1.00
	O		941,321	457,858		

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-6
Date/Time Prepared:
10/22/2015 4:43 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
J - NUTRITIONAL SUPPORT						
1.00	DIETARY	10.00	0	100,531	0	1.00
	O		0	100,531		
K - MARKETING						
1.00	ADMINISTRATIVE & GENERAL	5.00	355,837	2,248,610	0	1.00
	O		355,837	2,248,610		
L - RECRUITMENT BONUS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	52,250	0	1.00
	O		0	52,250		
M - MAINTENANCE & REPAIRS						
1.00	MAINTENANCE & REPAIRS	6.00	0	428,865	0	1.00
	O		0	428,865		
N - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	12,170,495	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,863,483	0	2.00
	O		0	14,033,978		
O - EQUIPMENT RENTAL						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,763,544	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
	O		0	3,763,544		
P - RCC PROFESSIONAL COMPONENT						
1.00	ONCOLOGY	54.10	0	1,021,490	0	1.00
	O		0	1,021,490		
Q - SHORT TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	482,919	0	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	10,245	0	0	2.00
3.00	HOUSEKEEPING	9.00	821	0	0	3.00
4.00	PHARMACY	15.00	3,410	0	0	4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	235	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	3,254	0	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	207	0	0	7.00
8.00	NURSERY	43.00	3,815	0	0	8.00
9.00	OPERATING ROOM	50.00	1,123	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	836	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	556	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	4,985	0	0	12.00
13.00	ONCOLOGY	54.10	255	0	0	13.00
14.00	LABORATORY	60.00	1,751	0	0	14.00
15.00	RESPIRATORY THERAPY	65.00	218	0	0	15.00
16.00	PHYSICAL THERAPY	66.00	4,635	0	0	16.00
17.00	EMERGENCY	91.00	1,688	0	0	17.00
18.00	HOME HEALTH AGENCY	101.00	2,528	0	0	18.00
19.00	SPECIALISTS/PCP'S	192.01	40,098	0	0	19.00
	TOTALS		563,579	0		
500.00	Grand Total: Decreases		2,534,508	44,834,311		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,662,975	0	0	0	1.00
2.00	Land Improvements	8,089,615	253,500	0	253,500	2.00
3.00	Buildings and Fixtures	150,619,843	6,285,923	0	6,285,923	3.00
4.00	Building Improvements	101,069,431	4,955,976	0	4,955,976	4.00
5.00	Fixed Equipment	7,765,826	143,854	0	143,854	5.00
6.00	Movable Equipment	171,841,424	4,326,664	0	4,326,664	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,049,114	15,965,917	0	15,965,917	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,049,114	15,965,917	0	15,965,917	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,662,975	0			1.00
2.00	Land Improvements	8,343,115	0			2.00
3.00	Buildings and Fixtures	156,905,766	0			3.00
4.00	Building Improvements	106,025,407	0			4.00
5.00	Fixed Equipment	7,909,680	0			5.00
6.00	Movable Equipment	176,168,088	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	463,015,031	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	463,015,031	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
10/22/2015 4:43 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	8,706,996	0	3,991,940	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,320,472	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,027,468	0	3,991,940	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	12,698,936				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,320,472				2.00
3.00	Total (sum of lines 1-2)	0	23,019,408				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
10/22/2015 4:43 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	278,937,263	0	278,937,263	0.602437	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	184,077,768	0	184,077,768	0.397563	0	2.00
3.00	Total (sum of lines 1-2)	463,015,031	0	463,015,031	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	8,706,996	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,320,472	3,866,776	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,027,468	3,866,776	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	406,135	0	0	0	9,113,131	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,187,248	2.00
3.00	Total (sum of lines 1-2)	406,135	0	0	0	23,300,379	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-3,991,940	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00	Investment income - other (chapter 2)		0			0.00		0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-24,932	ADMINISTRATIVE & GENERAL		5.00		0 7.00
8.00	Television and radio service (chapter 21)		0			0.00		0 8.00
9.00	Parking lot (chapter 21)		0			0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-17,495,728					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	-853,990					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-1,437,814	DIETARY		10.00		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.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist		0	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	*** Cost Center Deleted ***		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00
33.00	CUDDLE CARE	B	-704	ADULTS & PEDIATRICS		30.00		0 33.00
33.01	CHEMISTRY OTHER REVENUE	B	6,067	LABORATORY		60.00		0 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-8

Date/Time Prepared:
10/22/2015 4:43 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
33.02	CT SCANNER LUNG SCREENING	B	-9,977	CT		54.20	0 33.02
33.03	ENGR SERVICES ADM RECYCLING REVENUE	B	-3,560	MAINTENANCE & REPAIRS		6.00	0 33.03
33.04	RECYCLING	B	-202	ADULTS & PEDIATRICS		30.00	0 33.04
33.05	BABY PICTURES	B	-375	DELIVERY ROOM & LABOR ROOM		52.00	0 33.05
33.06	EMS EDUCATION FEES	B	-111,393	PARAMED ED - PARAMEDICAL TECHS		23.40	0 33.06
33.07	TRAUMA OTHER REVENUE	B	-65,306	EMERGENCY		91.00	0 33.07
33.08	OTHER REVENUE	B	-45,873	CARDIAC REHABILITATION		76.97	0 33.08
33.09	TUITION	B	-174,458	PARAMED ED PRGM - RADIOLOGY		23.20	0 33.09
33.10	MED REC TRANSCRIPTS	B	-7,238	RADIOLOGY-DIAGNOSTIC		54.00	0 33.10
33.11	OTHER REVENUE	B	-312	RADIOLOGY-DIAGNOSTIC		54.00	0 33.11
33.12	RECLAIMED WIRE	B	-1,034	RADIOLOGY-DIAGNOSTIC		54.00	0 33.12
33.13	RADIOLOGY ONCOLOGY OTHER REVENUE	B	10,646	ONCOLOGY		54.10	0 33.13
33.14	OTHER REVENUE	B	-990	PHYSICAL THERAPY		66.00	0 33.14
33.15	HEART SCAN REVENUE	B	-6,172	CT		54.20	0 33.15
33.16	GROSS REVENUE	B	-3,796	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.16
33.17	EMPLOYEE HEALTH	B	-773,894	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.17
33.18	OTHER REVENUE/TRANSCRIPTS	B	-221,747	MEDICAL RECORDS & LIBRARY		16.00	0 33.18
33.19	PHARMACY BANK SERVICE CHARGES	B	-8,424	PHARMACY		15.00	0 33.19
33.20	PHOTO	B	-1,539	ADMINISTRATIVE & GENERAL		5.00	0 33.20
33.21	VENDING MACHINES	B	-191	HOUSEKEEPING		9.00	0 33.21
33.22	NON PATIENT LINEN	B	-9,211	LAUNDRY & LINEN SERVICE		8.00	0 33.22
33.23	GUEST ROOM RENTAL	B	-12,004	ADMINISTRATIVE & GENERAL		5.00	0 33.23
33.24	INSURANCE AUDIT	B	-40	ADMINISTRATIVE & GENERAL		5.00	0 33.24
33.25	COMMUNICATIONS	B	-5,880	ADMINISTRATIVE & GENERAL		5.00	0 33.25
33.26	PHYSICIAN PAGING AND ANSWERING	B	-391,822	ADMINISTRATIVE & GENERAL		5.00	0 33.26
33.27	OTHER REVENUE	B	-1,474,049	ADMINISTRATIVE & GENERAL		5.00	0 33.27
33.28	OTHER REVENUE	B	383	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.28
33.29	OTHER REVENUE	B	-744,905	ADMINISTRATIVE & GENERAL		5.00	0 33.29
33.30	INVESTMENT MANAGEMENT	B	516,118	ADMINISTRATIVE & GENERAL		5.00	0 33.30
33.31	COURIER FEES TO SAHMC	B	-311,640	ADMINISTRATIVE & GENERAL		5.00	0 33.31
33.32	MALPRACTICE EXPENSE	A	3,677,897	ADMINISTRATIVE & GENERAL		5.00	0 33.32
33.33	T.V. REPAIR SALARY	A	-18,189	MAINTENANCE & REPAIRS		6.00	0 33.33
33.34	T.V. ELECTRICITY COST	A	-3,435	OPERATION OF PLANT		7.00	0 33.34
33.35	LOSS ON DEFEASANCE	A	406,135	CAP REL COSTS-BLDG & FIXT		1.00	11 33.35
33.36	DUES RELATED TO LOBBYING	A	-48,686	ADMINISTRATIVE & GENERAL		5.00	0 33.36
33.37	CORPORATE SPONSORSHIP	A	-45,155	ADMINISTRATIVE & GENERAL		5.00	0 33.37
33.38	SITTERS COST	A	-131	NURSING ADMINISTRATIVE		13.00	0 33.38
33.39	SITTERS COST	A	-43,946	ADULTS & PEDIATRICS		30.00	0 33.39
33.40	SITTERS COST	A	-3,250	INTENSIVE CARE UNIT		31.00	0 33.40
33.41	SITTERS COST	A	-4	SUBPROVIDER - IPF		40.00	0 33.41
33.42	SITTERS COST	A	-15	EMERGENCY		91.00	0 33.42
33.43	SITTERS COST	A	-176	DELIVERY ROOM & LABOR ROOM		52.00	0 33.43
33.44	SITTERS COST	A	-181	NURSERY		43.00	0 33.44
33.45	ALCOHOL COSTS	A	-29	NURSING ADMINISTRATIVE		13.00	0 33.45
33.46	ALCOHOL COSTS	A	-1,115	ADMINISTRATIVE & GENERAL		5.00	0 33.46
33.47	INTERNAL RENT REVENUE	B	-75,820	OPERATING ROOM		50.00	0 33.47
33.48	MISC PATIENT REVENUE	B	-515,995	ADMINISTRATIVE & GENERAL		5.00	0 33.48
33.49	IPA PROVIDER ASSESSMENT	A	-11,242,010	ADMINISTRATIVE & GENERAL		5.00	0 33.49
33.50	REALIZED SELF INSURANCE	B	-556,373	ADMINISTRATIVE & GENERAL		5.00	0 33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,128,404				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140228

Period: From 06/01/2014 To 05/31/2015

Worksheet A-8-1

Date/Time Prepared: 10/22/2015 4:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	67,392	294,876	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	791,476	881,957	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	95,248	111,930	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	988,771	1,292,100	4.00
4.01	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	25,682	30,180	4.01
4.02	10.00	DIETARY	RENTAL ADJUSTMENT	38,275	44,979	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	120,870	140,432	4.03
4.04	22.00	IT & SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	264,400	420,840	4.04
4.05	23.40	PARAMEDICAL - PARAMEDICAL TECH	RENTAL ADJUSTMENT	120,177	127,776	4.05
4.06	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	23,179	18,000	4.06
4.07	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	250,435	237,351	4.07
4.08	54.10	ONCOLOGY	RENTAL ADJUSTMENT	0	4,800	4.08
4.09	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	462,994	448,862	4.09
4.10	75.01	SLEEP LAB	RENTAL ADJUSTMENT	216,640	210,028	4.10
4.11	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	231,326	224,265	4.11
4.12	76.98	HYPERBARIC OXYGEN THERAPY	RENTAL ADJUSTMENT	54,376	63,900	4.12
4.13	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	33,946	39,891	4.13
4.14	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	131,485	126,717	4.14
4.15	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2,919,959	2,976,554	4.15
4.16	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	81,007	78,069	4.16
4.17	194.00	NON-MEDICARE HOME HEALTH SER	RENTAL ADJUSTMENT	51,824	49,945	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,969,462	7,823,452	5.00

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

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

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

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

6.00	C		0.00	IL IMAGING	50.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-8-1

Date/Time Prepared:
10/22/2015 4:43 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	-227,484	0		1.00
2.00	-90,481	0		2.00
3.00	-16,682	0		3.00
4.00	-303,329	0		4.00
4.01	-4,498	0		4.01
4.02	-6,704	0		4.02
4.03	-19,562	0		4.03
4.04	-156,440	0		4.04
4.05	-7,599	0		4.05
4.06	5,179	0		4.06
4.07	13,084	0		4.07
4.08	-4,800	0		4.08
4.09	14,132	0		4.09
4.10	6,612	0		4.10
4.11	7,061	0		4.11
4.12	-9,524	0		4.12
4.13	-5,945	0		4.13
4.14	4,768	0		4.14
4.15	-56,595	0		4.15
4.16	2,938	0		4.16
4.17	1,879	0		4.17
5.00	-853,990	0		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-8-2

Date/Time Prepared:
10/22/2015 4:43 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	39,595	12,095	27,500	171,400	125	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	157,388	87,388	70,000	171,400	658	2.00
3.00	13.00	NURSING ADMINISTRATION	125,000	0	125,000	171,400	391	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	4,124,381	4,124,381	0	171,400	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	3,444,707	3,390,957	53,750	171,400	292	5.00
6.00	31.00	INTENSIVE CARE UNIT	1,159,000	1,134,000	25,000	171,400	240	6.00
7.00	40.00	SUBPROVIDER - IPF	247,373	212,373	35,000	171,400	353	7.00
8.00	43.00	NURSERY	1,115,299	1,090,299	25,000	171,400	284	8.00
9.00	50.00	OPERATING ROOM	5,742,599	5,652,599	90,000	200,300	477	9.00
10.00	50.20	GASTROINTESTINAL SERVICES	24,166	0	24,166	200,300	181	10.00
11.00	53.00	ANESTHESIOLOGY	308,000	248,000	60,000	200,300	78	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	70,750	0	70,750	231,100	434	12.00
13.00	54.10	ONCOLOGY	546,838	13,362	533,476	231,100	2,617	13.00
14.00	54.20	CT	2,450	2,450	0	0	0	14.00
15.00	60.00	LABORATORY	298,255	3,250	295,005	171,400	3,989	15.00
16.00	66.00	PHYSICAL THERAPY	19,645	19,645	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	459,500	150,000	309,500	171,400	126	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	73,560	73,560	0	0	0	18.00
19.00	75.01	SLEEP LAB	5,000	0	5,000	171,400	141	19.00
20.00	76.97	CARDIAC REHABILITATION	17,500	0	17,500	171,400	104	20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	27,774	10,574	17,200	171,400	102	21.00
22.00	91.00	EMERGENCY	571,421	399,996	171,425	171,400	1,871	22.00
200.00			18,580,201	16,624,929	1,955,272		12,463	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	10,300	515	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	54,222	2,711	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	32,220	1,611	0	0	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	24,062	1,203	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	19,777	989	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	29,089	1,454	0	0	0	7.00
8.00	43.00	NURSERY	23,403	1,170	0	0	0	8.00
9.00	50.00	OPERATING ROOM	45,934	2,297	0	0	0	9.00
10.00	50.20	GASTROINTESTINAL SERVICES	17,430	872	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	7,511	376	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	48,220	2,411	0	0	0	12.00
13.00	54.10	ONCOLOGY	290,764	14,538	0	0	0	13.00
14.00	54.20	CT	0	0	0	0	0	14.00
15.00	60.00	LABORATORY	328,709	16,435	0	0	0	15.00
16.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	16.00
17.00	69.00	ELECTROCARDIOLOGY	10,383	519	0	0	0	17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	18.00
19.00	75.01	SLEEP LAB	11,619	581	0	0	0	19.00
20.00	76.97	CARDIAC REHABILITATION	8,570	429	0	0	0	20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	8,405	420	0	0	0	21.00
22.00	91.00	EMERGENCY	154,178	7,709	0	0	0	22.00
200.00			1,124,796	56,240	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	10,300	17,200	29,295		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	54,222	15,778	103,166		2.00
3.00	13.00	NURSING ADMINISTRATION	0	32,220	92,780	92,780		3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	4,124,381		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	24,062	29,688	3,420,645		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	19,777	5,223	1,139,223		6.00
7.00	40.00	SUBPROVIDER - IPF	0	29,089	5,911	218,284		7.00
8.00	43.00	NURSERY	0	23,403	1,597	1,091,896		8.00
9.00	50.00	OPERATING ROOM	0	45,934	44,066	5,696,665		9.00
10.00	50.20	GASTROINTESTINAL SERVICES	0	17,430	6,736	6,736		10.00
11.00	53.00	ANESTHESIOLOGY	0	7,511	52,489	300,489		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	48,220	22,530	22,530		12.00
13.00	54.10	ONCOLOGY	0	290,764	242,712	256,074		13.00
14.00	54.20	CT	0	0	0	2,450		14.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet A-8-2

Date/Time Prepared:
10/22/2015 4:43 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		
15.00	60.00	LABORATORY	0	328,709	0	3,250		15.00
16.00	66.00	PHYSICAL THERAPY	0	0	0	19,645		16.00
17.00	69.00	ELECTROCARDIOLOGY	0	10,383	299,117	449,117		17.00
18.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	73,560		18.00
19.00	75.01	SLEEP LAB	0	11,619	0	0		19.00
20.00	76.97	CARDIAC REHABILITATION	0	8,570	8,930	8,930		20.00
21.00	76.98	HYPERBARIC OXYGEN THERAPY	0	8,405	8,795	19,369		21.00
22.00	91.00	EMERGENCY	0	154,178	17,247	417,243		22.00
200.00			0	1,124,796	870,799	17,495,728		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,113,131	9,113,131			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	14,187,248		14,187,248		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,000,306	74,322	117,143	4,191,771	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	59,789,575	2,013,440	3,173,480	723,900	65,700,395 5.00
6.00 00600	MAINTENANCE & REPAIRS	2,151,629	13,864	21,852	24,783	2,212,128 6.00
7.00 00700	OPERATION OF PLANT	5,004,708	790,169	1,245,423	36,708	7,077,008 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,394,700	65,803	103,715	6,135	1,570,353 8.00
9.00 00900	HOUSEKEEPING	4,412,904	123,574	194,771	191,361	4,922,610 9.00
10.00 01000	DIETARY	3,563,361	286,914	452,220	149,737	4,452,232 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	2,280,226	8,701	13,714	35,103	2,337,744 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	-908,448	9,705	15,297	0	-883,446 14.00
15.00 01500	PHARMACY	10,818,550	61,653	97,174	115,974	11,093,351 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,152,955	97,193	153,191	80,749	3,484,088 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	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	478,196	12,354	19,471	0	510,021 22.00
23.00 02300	PARAMED ED PRGM	209,427	0	0	4,063	213,490 23.00
23.01 02304	PHARMACY RESIDENCY	124,608	0	0	3,961	128,569 23.01
23.20 02301	PARAMED ED PRGM - RADIOLOGY	81,761	0	0	4,591	86,352 23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0 23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	1,054,199	3,710	5,847	20,619	1,084,375 23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,627,516	1,480,630	2,333,692	680,935	35,122,773 30.00
31.00 03100	INTENSIVE CARE UNIT	6,602,056	238,188	375,420	118,229	7,333,893 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00 04000	SUBPROVIDER - I PF	2,451,298	271,893	428,544	74,797	3,226,532 40.00
43.00 04300	NURSERY	3,549,769	15,757	24,836	70,795	3,661,157 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	20,198,422	802,561	1,264,955	304,328	22,570,266 50.00
50.20 03340	GASTRO INTESTINAL SERVICES	1,394,915	66,778	105,252	15,926	1,582,871 50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,751,280	74,743	117,806	97,366	6,041,195 52.00
53.00 05300	ANESTHESIOLOGY	396,489	7,391	11,649	5,140	420,669 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,511,971	535,745	844,413	266,341	16,158,470 54.00
54.10 03480	ONCOLOGY	30,670,440	542,677	855,339	168,609	32,237,065 54.10
54.20 05401	CT	2,024,513	29,431	46,387	24,397	2,124,728 54.20
54.30 05402	MRI	1,567,009	43,257	68,179	21,228	1,699,673 54.30
60.00 06000	LABORATORY	11,346,850	184,060	290,107	144,556	11,965,573 60.00
60.01 06001	BLOOD	1,700,195	23,292	36,712	8,065	1,768,264 60.01
65.00 06500	RESPIRATORY THERAPY	3,347,031	74,819	117,926	73,822	3,613,598 65.00
66.00 06600	PHYSICAL THERAPY	6,013,542	146,933	231,588	111,343	6,503,406 66.00
69.00 06900	ELECTROCARDIOLOGY	1,838,477	75,747	119,388	28,440	2,062,052 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	147,744	20,213	31,859	4,388	204,204 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,949,917	0	0	0	7,949,917 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	14,033,978	0	0	0	14,033,978 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	9,121,700	0	0	0	9,121,700 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	SLEEP LAB	973,919	50,026	78,849	15,215	1,118,009 75.01
75.10 03950	NUTRITIONAL SUPPORT	100,531	0	0	0	100,531 75.10
75.20 03951	HEMODIALYSIS	710,428	17,918	28,242	0	756,588 75.20
76.97 07697	CARDIAC REHABILITATION	1,238,189	79,935	125,989	23,788	1,467,901 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,274,617	39,528	62,301	17,572	1,394,018 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	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02 09002	DIABETES CLINIC	491,286	32,337	50,968	10,056	584,647 90.02
90.03 09003	STATELINE CLINIC	815,505	4,245	6,691	254,274	1,080,715 90.03
91.00 09100	EMERGENCY	12,567,946	264,904	417,527	1,077	13,251,454 91.00
91.05 09101	AMBULATORY CARE	52,340	48,678	76,724	8,126	185,868 91.05
91.10 09102	PSYCHIATRIC PARTIAL	339,097	0	0	0	339,097 91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	5,625,174	168,532	265,632	93,243	6,152,581 101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	320,343,180	8,901,620	14,030,273	4,039,740	319,822,663 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,814	0	0	10,814 190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0 190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201 SPECIALISTS/PCP'S	89,925,697	101,104	0	9,527	90,036,328 192.01
192.02	19202 MEDWORKS	0	0	0	0	0 192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0 192.03
192.20	19204 IDLE SPACE	0	0	0	0	0 192.20
193.00	19300 NONPAID WORKERS	32,775	0	0	1,199	33,974 193.00
193.10	19301 HOTEL	0	0	0	0	0 193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0 193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0 193.40
193.50	19304 WEE CARE	0	0	0	0	0 193.50
193.60	19305 PHYSICIAN RELATED AREAS	872,990	14,189	22,365	11,843	921,387 193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0 193.70
193.80	19307 MARKETING EXPENSES	3,011,215	6,779	10,685	65,696	3,094,375 193.80
193.90	19308 COMPLIMENTARY MEDICINE	1,458,585	18,798	29,629	29,882	1,536,894 193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	1,580,232	59,827	94,296	33,884	1,768,239 194.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	417,224,674	9,113,131	14,187,248	4,191,771	417,224,674 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet B Part I Date/Time Prepared: 10/22/2015 4:43 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			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
5.00	00500	ADMINISTRATIVE & GENERAL	65,700,395					5.00
6.00	00600	MAINTENANCE & REPAIRS	554,010	2,766,138				6.00
7.00	00700	OPERATION OF PLANT	1,772,380	310,702	9,160,090			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	393,282	26,146	96,886	2,086,667		8.00
9.00	00900	HOUSEKEEPING	1,232,828	50,191	181,946	0	6,387,575	9.00
10.00	01000	DIETARY	1,115,026	118,149	422,443	10,589	303,829	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	585,469	2,121	12,811	0	9,214	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,085	14,289	0	10,277	14.00
15.00	01500	PHARMACY	2,778,241	24,492	90,776	0	65,288	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	872,562	40,532	143,104	0	102,924	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	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	127,731	5,199	18,189	9,787	13,082	22.00
23.00	02300	PARAMED ED PRGM	53,467	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	32,199	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	21,626	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	271,573	0	5,462	0	3,929	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,796,305	645,798	2,180,032	817,989	1,567,918	30.00
31.00	03100	INTENSIVE CARE UNIT	1,836,715	100,249	350,701	115,278	252,231	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	808,059	114,434	400,326	23,239	287,923	40.00
43.00	04300	NURSERY	916,907	0	23,201	62,635	16,686	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,652,543	339,351	1,181,664	231,099	849,876	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	396,417	28,323	98,322	15,420	70,715	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,512,969	0	110,049	64,385	79,149	52.00
53.00	05300	ANESTHESIOLOGY	105,353	3,111	10,882	0	7,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,046,760	220,904	788,813	120,175	567,330	54.00
54.10	03480	ONCOLOGY	8,073,515	255,956	799,020	0	574,671	54.10
54.20	05401	CT	532,121	25,256	43,333	7,099	31,166	54.20
54.30	05402	MRI	425,670	5,284	63,690	6,921	45,807	54.30
60.00	06000	LABORATORY	2,996,682	87,270	271,004	0	194,912	60.00
60.01	06001	BLOOD	442,848	0	34,294	0	24,665	60.01
65.00	06500	RESPIRATORY THERAPY	904,997	53,008	110,162	359	79,230	65.00
66.00	06600	PHYSICAL THERAPY	1,628,726	18,809	216,339	0	155,595	66.00
69.00	06900	ELECTROCARDIOLOGY	516,424	29,019	111,527	12,985	80,212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	51,141	8,274	29,761	2,699	21,405	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,990,993	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,514,698	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,284,457	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	279,996	4,926	73,657	0	52,975	75.01
75.10	03950	NUTRITIONAL SUPPORT	25,177	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	189,481	7,541	26,382	4,709	18,975	75.20
76.97	07697	CARDIAC REHABILITATION	367,624	1,336	117,693	0	84,647	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	349,121	14,286	58,199	0	41,858	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	146,420	18,974	47,612	0	34,244	90.02
90.03	09003	STATELINE CLINIC	270,656	0	6,251	0	4,496	90.03
91.00	09100	EMERGENCY	3,318,721	111,026	390,035	569,129	280,521	91.00
91.05	09101	AMBULATORY CARE	46,549	20,246	71,672	7,793	51,548	91.05
91.10	09102	PSYCHIATRIC PARTIAL	84,924	0	0	3,598	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,540,865	0	248,141	0	178,468	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	63,864,228	2,694,998	8,848,668	2,085,888	6,163,593	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,708	4,551	15,922	0	11,452	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.01	19201	SPECIALISTS/PCP'S	0	38,126	148,862	779	107,065	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	230,754	22,922	20,892	0	15,026	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	774,961	0	9,981	0	7,179	193.80
193.90	19308	COMPLEMENTARY MEDICINE	384,903	5,541	27,678	0	19,906	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	442,841	0	88,087	0	63,354	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	65,700,395	2,766,138	9,160,090	2,086,667	6,387,575	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			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
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	6,422,268					10.00
11.00	01100	CAFETERIA	4,981,944	4,981,944				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	64,016	0	3,011,375		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	-854,795	14.00
15.00	01500	PHARMACY	0	214,642	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	139,329	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	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	7,531	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	7,531	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	7,531	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	316	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,014,331	1,261,489	0	1,143,173	0	30.00
31.00	03100	INTENSIVE CARE UNIT	116,068	218,407	0	280,462	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	164,203	139,329	0	47,690	0	40.00
43.00	04300	NURSERY	145,722	131,797	0	156,693	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	564,846	0	370,342	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	30,125	0	33,628	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	180,751	0	193,538	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,297	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	493,299	0	102,045	0	54.00
54.10	03480	ONCOLOGY	0	0	0	95,965	0	54.10
54.20	05401	CT	0	45,188	0	0	0	54.20
54.30	05402	MRI	0	37,656	0	0	0	54.30
60.00	06000	LABORATORY	0	267,361	0	0	0	60.00
60.01	06001	BLOOD	0	15,063	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	135,563	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	188,282	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	52,719	0	31,136	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,531	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	26,359	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	45,188	0	21,901	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	33,891	0	31,732	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	18,828	0	12,089	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	443,327	0	90.03
91.00	09100	EMERGENCY	0	466,940	0	2,636	0	91.00
91.05	09101	AMBULATORY CARE	0	3,766	0	6,887	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	15,063	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,422,268	4,831,318	0	2,973,560	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	15,934	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.20	19204	0	0	0	0	0	192.20
193.00	19300	0	3,766	0	0	0	193.00
193.10	19301	0	0	0	0	0	193.10
193.30	19302	0	0	0	0	0	193.30
193.40	19303	0	0	0	0	0	193.40
193.50	19304	0	0	0	0	0	193.50
193.60	19305	0	0	0	0	0	193.60
193.70	19306	0	0	0	0	0	193.70
193.80	19307	0	105,438	0	19,106	0	193.80
193.90	19308	0	41,422	0	2,775	0	193.90
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	-854,795	201.00
202.00							
		6,422,268	4,981,944	0	3,011,375	-854,795	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	14,266,790	4,782,539				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
23.01	02304	0	0	0			23.01
23.20	02301	0	0	0			23.20
23.30	02302	0	0	0			23.30
23.40	02303	14,906	0	0			23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,413	343,242	0		0	30.00
31.00	03100	199	113,914	0		0	31.00
31.01	03101	0	0	0		0	31.01
40.00	04000	0	26,360	0		0	40.00
43.00	04300	78	40,513	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,520	498,042	0	0	0	50.00
50.20	03340	307	27,337	0	0	0	50.20
52.00	05200	79	73,502	0	0	0	52.00
53.00	05300	0	43,498	0	0	0	53.00
54.00	05400	73,233	411,421	0	0	0	54.00
54.10	03480	7,906,062	130,345	0	0	0	54.10
54.20	05401	116,436	204,986	0	0	0	54.20
54.30	05402	58,691	86,851	0	0	0	54.30
60.00	06000	1,526	546,574	0	0	0	60.00
60.01	06001	19,820	30,471	0	0	0	60.01
65.00	06500	34,536	49,570	0	0	0	65.00
66.00	06600	994	93,906	0	0	0	66.00
69.00	06900	708	106,668	0	0	0	69.00
70.00	07000	0	7,321	0	0	0	70.00
71.00	07100	0	268,947	0	0	0	71.00
72.00	07200	0	428,924	0	0	0	72.00
73.00	07300	6,026,497	788,602	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	142	24,459	0	0	0	75.01
75.10	03950	0	1,271	0	0	0	75.10
75.20	03951	1,105	7,257	0	0	0	75.20
76.97	07697	35	5,406	0	0	0	76.97
76.98	07698	6,605	11,354	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	346	1,103	0	0	0	90.02
90.03	09003	0	21,439	0	0	0	90.03
91.00	09100	378	369,322	0	0	0	91.00
91.05	09101	0	421	0	0	0	91.05
91.10	09102	0	4,082	0	0	0	91.10
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	15,431	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		14,266,616	4,782,539	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.10	19001	0	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0
192.02	19202	MEDWORKS	0	0	0	0	0
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0
192.20	19204	IDLE SPACE	0	0	0	0	0
193.00	19300	NONPAID WORKERS	174	0	0	0	0
193.10	19301	HOTEL	0	0	0	0	0
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0
193.40	19303	MEALS ON WHEELS	0	0	0	0	0
193.50	19304	WEE CARE	0	0	0	0	0
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0
193.70	19306	WOMEN'S CENTER	0	0	0	0	0
193.80	19307	MARKETING EXPENSES	0	0	0	0	0
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,266,790	4,782,539	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	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
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 SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		684,009			22.00
23.00 02300	PARAMED PRGM			274,488		23.00
23.01 02304	PHARMACY RESIDENCY				168,299	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY					23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS				115,509	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	432,740	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	38,388	0	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	6,980	0	0	40.00
43.00 04300	NURSERY	0	34,898	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	24,429	0	0	50.00
50.20 03340	GASTROINTESTINAL SERVICES	0	20,939	0	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.10 03480	ONCOLOGY	0	0	0	115,509	54.10
54.20 05401	CT	0	0	0	0	54.20
54.30 05402	MRI	0	0	0	0	54.30
60.00 06000	LABORATORY	0	0	274,488	0	60.00
60.01 06001	BLOOD	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	31,409	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,299	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	0	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	31,409	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	90.02
90.03 09003	STATELINE CLINIC	0	0	0	0	90.03
91.00 09100	EMERGENCY	0	62,817	0	0	91.00
91.05 09101	AMBULATORY CARE	0	0	0	0	91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	684,009	274,488	168,299	115,509

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	0 190.10
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	SPECIALISTS/PCP'S	0	0	0	0	0 192.01
192.02 19202	MEDWORKS	0	0	0	0	0 192.02
192.03 19203	SWEDI SHAMERICAN ER	0	0	0	0	0 192.03
192.20 19204	IDLE SPACE	0	0	0	0	0 192.20
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.10 19301	HOTEL	0	0	0	0	0 193.10
193.30 19302	PHYSICIAN BILLING	0	0	0	0	0 193.30
193.40 19303	MEALS ON WHEELS	0	0	0	0	0 193.40
193.50 19304	WEE CARE	0	0	0	0	0 193.50
193.60 19305	PHYSICIAN RELATED AREAS	0	0	0	0	0 193.60
193.70 19306	WOMEN'S CENTER	0	0	0	0	0 193.70
193.80 19307	MARKETING EXPENSES	0	0	0	0	0 193.80
193.90 19308	COMPLIMENTARY MEDICINE	0	0	0	0	0 193.90
194.00 07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	684,009	274,488	168,299	115,509 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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 SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		1,380,561				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	53,327,203	-432,740	52,894,463	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10,756,505	-38,388	10,718,117	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	0	5,245,075	-6,980	5,238,095	40.00
43.00	04300	NURSERY	0	0	5,190,287	-34,898	5,155,389	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	32,284,978	-24,429	32,260,549	50.00
50.20	03340	GASTROINTESTINAL SERVICES	0	0	2,304,404	-20,939	2,283,465	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	8,255,617	0	8,255,617	52.00
53.00	05300	ANESTHESIOLOGY	0	0	602,637	0	602,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	23,097,959	0	23,097,959	54.00
54.10	03480	ONCOLOGY	0	0	50,072,599	0	50,072,599	54.10
54.20	05401	CT	0	0	3,130,313	0	3,130,313	54.20
54.30	05402	MRI	0	0	2,430,243	0	2,430,243	54.30
60.00	06000	LABORATORY	0	0	16,605,390	0	16,605,390	60.00
60.01	06001	BLOOD	0	0	2,335,425	0	2,335,425	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	4,981,023	0	4,981,023	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,806,057	0	8,806,057	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,034,859	-31,409	3,003,450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	332,336	0	332,336	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,209,857	0	10,209,857	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,977,600	0	17,977,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	18,389,555	0	18,389,555	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	0	1,580,523	0	1,580,523	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	126,979	0	126,979	75.10
75.20	03951	HEMODIALYSIS	0	0	1,043,447	-31,409	1,012,038	75.20
76.97	07697	CARDIAC REHABILITATION	0	0	2,111,731	0	2,111,731	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	1,941,064	0	1,941,064	76.98
76.99	07699	LI THOTRI PSY	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	0	864,263	0	864,263	90.02
90.03	09003	STATELINE CLINIC	0	0	1,826,884	0	1,826,884	90.03
91.00	09100	EMERGENCY	0	1,380,561	20,203,540	-62,817	20,140,723	91.00
91.05	09101	AMBULATORY CARE	0	0	394,750	0	394,750	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	446,764	0	446,764	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	8,135,486	0	8,135,486	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,380,561	318,045,353	-684,009	317,361,344	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.30	23.40	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	45,447	0	45,447	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	90,347,094	0	90,347,094	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	37,914	0	37,914	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	1,210,981	0	1,210,981	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	4,011,040	0	4,011,040	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	2,019,119	0	2,019,119	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	2,362,521	0	2,362,521	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-854,795	0	-854,795	201.00
202.00		TOTAL (sum lines 118-201)	0	1,380,561	417,224,674	-684,009	416,540,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,814	0	10,814	0	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	620,473	101,104	0	721,577	435	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	0	0	0	0	55	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	0	14,189	22,365	36,554	541	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	0	6,779	10,685	17,464	3,001	193.80
193.90 19308 COMPLIMENTARY MEDICINE	0	18,798	29,629	48,427	1,365	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	253	59,827	94,296	154,376	1,548	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,315,247	9,113,131	14,187,248	25,615,626	191,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet B Part II Date/Time Prepared: 10/22/2015 4:43 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			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
5.00	00500	ADMINISTRATIVE & GENERAL	5,359,070				5.00
6.00	00600	MAINTENANCE & REPAIRS	45,189	82,037			6.00
7.00	00700	OPERATION OF PLANT	144,569	9,215	2,191,053		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	32,079	775	23,175	225,827	8.00
9.00	00900	HOUSEKEEPING	100,559	1,489	43,521	0	472,655
10.00	01000	DIETARY	90,950	3,504	101,047	1,146	22,482
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	47,755	63	3,064	0	682
14.00	01400	CENTRAL SERVICES & SUPPLY	0	121	3,418	0	760
15.00	01500	PHARMACY	226,615	726	21,713	0	4,831
16.00	01600	MEDICAL RECORDS & LIBRARY	71,173	1,202	34,230	0	7,616
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,419	154	4,351	1,059	968
23.00	02300	PARAMED ED PRGM	4,361	0	0	0	0
23.01	02304	PHARMACY RESIDENCY	2,626	0	0	0	0
23.20	02301	PARAMED ED PRGM - RADIOLOGY	1,764	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	22,152	0	1,307	0	291
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	717,527	19,153	521,451	88,527	116,021
31.00	03100	INTENSIVE CARE UNIT	149,817	2,973	83,886	12,476	18,664
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	65,912	3,394	95,756	2,515	21,305
43.00	04300	NURSERY	74,790	0	5,550	6,779	1,235
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	461,065	10,064	282,649	25,010	62,887
50.20	03340	GASTRO INTESTINAL SERVICES	32,335	840	23,518	1,669	5,233
52.00	05200	DELIVERY ROOM & LABOR ROOM	123,410	0	26,323	6,968	5,857
53.00	05300	ANESTHESIOLOGY	8,593	92	2,603	0	579
54.00	05400	RADIOLOGY-DIAGNOSTIC	330,085	6,551	188,681	13,006	41,980
54.10	03480	ONCOLOGY	658,539	7,591	191,122	0	42,523
54.20	05401	CT	43,404	749	10,365	768	2,306
54.30	05402	MRI	34,721	157	15,234	749	3,390
60.00	06000	LABORATORY	244,433	2,588	64,823	0	14,423
60.01	06001	BLOOD	36,122	0	8,203	0	1,825
65.00	06500	RESPIRATORY THERAPY	73,819	1,572	26,350	39	5,863
66.00	06600	PHYSICAL THERAPY	132,852	558	51,747	0	11,513
69.00	06900	ELECTROCARDIOLOGY	42,124	861	26,677	1,405	5,935
70.00	07000	ELECTROENCEPHALOGRAPHY	4,171	245	7,119	292	1,584
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	162,401	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	286,686	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	186,338	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	22,839	146	17,618	0	3,920
75.10	03950	NUTRITIONAL SUPPORT	2,054	0	0	0	0
75.20	03951	HEMODIALYSIS	15,456	224	6,311	510	1,404
76.97	07697	CARDIAC REHABILITATION	29,986	40	28,152	0	6,264
76.98	07698	HYPERBARIC OXYGEN THERAPY	28,477	424	13,921	0	3,097
76.99	07699	LITHOTRIpsy	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	11,943	563	11,389	0	2,534
90.03	09003	STATELINE CLINIC	22,077	0	1,495	0	333
91.00	09100	EMERGENCY	270,701	3,293	93,295	61,593	20,757
91.05	09101	AMBULATORY CARE	3,797	600	17,144	843	3,814
91.10	09102	PSYCHIATRIC PARTIAL	6,927	0	0	389	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	125,685	0	59,354	0	13,206
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,209,297	79,927	2,116,562	225,743	456,082
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221	135	3,809	0	847
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part II
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.01	19201	SPECIALISTS/PCP'S	0	1,131	35,607	84	7,922	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	18,822	680	4,997	0	1,112	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	63,212	0	2,388	0	531	193.80
193.90	19308	COMPLIMENTARY MEDICINE	31,396	164	6,620	0	1,473	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	36,122	0	21,070	0	4,688	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,359,070	82,037	2,191,053	225,827	472,655	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet B Part II Date/Time Prepared: 10/22/2015 4:43 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			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
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	962,431					10.00
11.00	01100	CAFETERIA	746,586	746,586				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	9,593	0	85,175		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	29,301	14.00
15.00	01500	PHARMACY	0	32,166	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,880	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	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	1,129	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	1,129	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	1,129	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	9	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	152,006	189,043	0	32,325	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,394	32,730	0	7,934	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	24,607	20,880	0	1,349	0	40.00
43.00	04300	NURSERY	21,838	19,751	0	4,433	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	84,647	0	10,476	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	4,515	0	951	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,087	0	5,475	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,693	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,925	0	2,887	0	54.00
54.10	03480	ONCOLOGY	0	0	0	2,715	0	54.10
54.20	05401	CT	0	6,772	0	0	0	54.20
54.30	05402	MRI	0	5,643	0	0	0	54.30
60.00	06000	LABORATORY	0	40,066	0	0	0	60.00
60.01	06001	BLOOD	0	2,257	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	20,315	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,216	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,900	0	881	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,129	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	3,950	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	6,772	0	620	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	5,079	0	898	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	2,822	0	342	0	90.02
90.03	09003	STATELINE CLINIC	0	0	0	12,541	0	90.03
91.00	09100	EMERGENCY	0	69,975	0	75	0	91.00
91.05	09101	AMBULATORY CARE	0	564	0	195	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	2,257	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	962,431	724,014	0	84,106	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	451	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	564	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	15,801	0	540	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	6,207	0	78	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	29,301	201.00
202.00		TOTAL (sum lines 118-201)	962,431	746,586	0	85,175	29,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet B Part II Date/Time Prepared: 10/22/2015 4:43 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		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
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	450,175			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	389,173		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0	0	23.20
23.30	02302	PARAMED - RADIATION ONCOLOGY	0	0	0	23.30
23.40	02303	PARAMED - PARAMEDICAL TECHS	470	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45	27,902	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6	9,260	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	2,143	0	40.00
43.00	04300	NURSERY	2	3,293	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	80	40,485	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	10	2,222	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	3	5,975	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,536	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,311	33,444	0	54.00
54.10	03480	ONCOLOGY	249,469	10,596	0	54.10
54.20	05401	CT	3,674	16,663	0	54.20
54.30	05402	MRI	1,852	7,060	0	54.30
60.00	06000	LABORATORY	48	44,430	0	60.00
60.01	06001	BLOOD	625	2,477	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,090	4,030	0	65.00
66.00	06600	PHYSICAL THERAPY	31	7,633	0	66.00
69.00	06900	ELECTROCARDIOLOGY	22	8,671	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	595	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,862	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,867	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	190,160	64,511	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	SLEEP LAB	4	1,988	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	103	0	75.10
75.20	03951	HEMODIALYSIS	35	590	0	75.20
76.97	07697	CARDIAC REHABILITATION	1	439	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	208	923	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	CHILDRENS CLINIC	0	0	0	90.01
90.02	09002	DIABETES CLINIC	11	90	0	90.02
90.03	09003	STATELINE CLINIC	0	1,743	0	90.03
91.00	09100	EMERGENCY	12	30,022	0	91.00
91.05	09101	AMBULATORY CARE	0	34	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	332	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,254	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	450,169	389,173	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0		192.01
192.02	19202	MEDWORKS	0	0	0		192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0		192.03
192.20	19204	IDLE SPACE	0	0	0		192.20
193.00	19300	NONPAID WORKERS	6	0	0		193.00
193.10	19301	HOTEL	0	0	0		193.10
193.30	19302	PHYSICIAN BILLING	0	0	0		193.30
193.40	19303	MEALS ON WHEELS	0	0	0		193.40
193.50	19304	WEE CARE	0	0	0		193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0		193.60
193.70	19306	WOMEN'S CENTER	0	0	0		193.70
193.80	19307	MARKETING EXPENSES	0	0	0		193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0		193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0		194.00
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	450,175	389,173	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	PARAMED PRGM - RADIOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	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
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 SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		48,776			22.00
23.00 02300	PARAMED PRGM			5,676		23.00
23.01 02304	PHARMACY RESIDENCY				3,936	23.01
23.20 02301	PARAMED PRGM - RADIOLOGY					23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS					23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
40.00 04000	SUBPROVIDER - I/PF					40.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.20 03340	GASTROINTESTINAL SERVICES					50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.10 03480	ONCOLOGY					54.10
54.20 05401	CT					54.20
54.30 05402	MRI					54.30
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD					60.01
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
75.01 07501	SLEEP LAB					75.01
75.10 03950	NUTRITIONAL SUPPORT					75.10
75.20 03951	HEMODIALYSIS					75.20
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	CHILDRENS CLINIC					90.01
90.02 09002	DIABETES CLINIC					90.02
90.03 09003	STATELINE CLINIC					90.03
91.00 09100	EMERGENCY					91.00
91.05 09101	AMBULATORY CARE					91.05
91.10 09102	PSYCHIATRIC PARTIAL					91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PHARMACY RESIDENCY	PARAMED ED PRGM - RADIOLOGY			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00	
190.10	19001	MCC WORD PROCESSING					190.10	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					192.00	
192.01	19201	SPECIALISTS/PCP'S					192.01	
192.02	19202	MEDWORKS					192.02	
192.03	19203	SWEDI SHAMERICAN ER					192.03	
192.20	19204	IDLE SPACE					192.20	
193.00	19300	NONPAID WORKERS					193.00	
193.10	19301	HOTEL					193.10	
193.30	19302	PHYSICIAN BILLING					193.30	
193.40	19303	MEALS ON WHEELS					193.40	
193.50	19304	WEE CARE					193.50	
193.60	19305	PHYSICIAN RELATED AREAS					193.60	
193.70	19306	WOMEN'S CENTER					193.70	
193.80	19307	MARKETING EXPENSES					193.80	
193.90	19308	COMPLIMENTARY MEDICINE					193.90	
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES					194.00	
200.00		Cross Foot Adjustments	0	48,776	5,676	3,936	3,103	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	48,776	5,676	3,936	3,103	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description			PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.30	23.40	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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 SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM						23.00
23.01	02304	PHARMACY RESIDENCY						23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY						23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS		34,728				23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			5,709,425	0	5,709,425	30.00
31.00	03100	INTENSIVE CARE UNIT			954,148	0	954,148	31.00
31.01	03101	PEDIATRIC ICU			0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF			941,714	0	941,714	40.00
43.00	04300	NURSERY			181,498	0	181,498	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			3,058,780	0	3,058,780	50.00
50.20	03340	GASTROINTESTINAL SERVICES			244,050	0	244,050	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM			398,094	0	398,094	52.00
53.00	05300	ANESTHESIOLOGY			36,371	0	36,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			2,085,193	0	2,085,193	54.00
54.10	03480	ONCOLOGY			4,067,043	0	4,067,043	54.10
54.20	05401	CT			161,633	0	161,633	54.20
54.30	05402	MRI			181,212	0	181,212	54.30
60.00	06000	LABORATORY			891,581	0	891,581	60.00
60.01	06001	BLOOD			111,881	0	111,881	60.01
65.00	06500	RESPIRATORY THERAPY			329,195	0	329,195	65.00
66.00	06600	PHYSICAL THERAPY			616,157	0	616,157	66.00
69.00	06900	ELECTROCARDIOLOGY			290,910	0	290,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			67,407	0	67,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			184,263	0	184,263	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			321,553	0	321,553	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			441,009	0	441,009	73.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
75.01	07501	SLEEP LAB			180,035	0	180,035	75.01
75.10	03950	NUTRITIONAL SUPPORT			2,157	0	2,157	75.10
75.20	03951	HEMODIALYSIS			70,690	0	70,690	75.20
76.97	07697	CARDIAC REHABILITATION			279,285	0	279,285	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			155,659	0	155,659	76.98
76.99	07699	LI THOTRI PSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	CHILDRENS CLINIC			0	0	0	90.01
90.02	09002	DIABETES CLINIC			113,458	0	113,458	90.02
90.03	09003	STATELINE CLINIC			119,910	0	119,910	90.03
91.00	09100	EMERGENCY			1,232,203	0	1,232,203	91.00
91.05	09101	AMBULATORY CARE			152,764	0	152,764	91.05
91.10	09102	PSYCHIATRIC PARTIAL			9,905	0	9,905	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY			638,088	0	638,088	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	24,227,271	0	24,227,271	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.30	23.40	24.00	25.00	26.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,826	0	15,826	190.00
190.10	19001	MCC WORD PROCESSING		0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S		767,207	0	767,207	192.01
192.02	19202	MEDWORKS		0	0	0	192.02
192.03	19203	SWEDI SHAMERICAN ER		0	0	0	192.03
192.20	19204	IDLE SPACE		0	0	0	192.20
193.00	19300	NONPAID WORKERS		625	0	625	193.00
193.10	19301	HOTEL		0	0	0	193.10
193.30	19302	PHYSICIAN BILLING		0	0	0	193.30
193.40	19303	MEALS ON WHEELS		0	0	0	193.40
193.50	19304	WEE CARE		0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS		62,706	0	62,706	193.60
193.70	19306	WOMEN'S CENTER		0	0	0	193.70
193.80	19307	MARKETING EXPENSES		102,937	0	102,937	193.80
193.90	19308	COMPLIMENTARY MEDICINE		95,730	0	95,730	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES		217,804	0	217,804	194.00
200.00		Cross Foot Adjustments	0	34,728	0	96,219	200.00
201.00		Negative Cost Centers	0	0	0	29,301	201.00
202.00		TOTAL (sum lines 118-201)	0	34,728	0	25,615,626	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	953,099				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		941,394			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,773	7,773	206,346		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	210,576	210,576	35,635	-65,700,395	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,450	1,450	1,220	0	6.00
7.00 00700	OPERATION OF PLANT	82,640	82,640	1,807	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,882	6,882	302	0	8.00
9.00 00900	HOUSEKEEPING	12,924	12,924	9,420	0	9.00
10.00 01000	DIETARY	30,007	30,007	7,371	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	910	910	1,728	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	883,446	14.00
15.00 01500	PHARMACY	6,448	6,448	5,709	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,165	10,165	3,975	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	22.00
23.00 02300	PARAMED ED PRGM	0	0	200	0	23.00
23.01 02304	PHARMACY RESIDENCY	0	0	195	0	23.01
23.20 02301	PARAMED ED PRGM - RADIOLOGY	0	0	226	0	23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	388	388	1,015	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	154,852	154,852	33,520	0	30.00
31.00 03100	INTENSIVE CARE UNIT	24,911	24,911	5,820	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	28,436	28,436	3,682	0	40.00
43.00 04300	NURSERY	1,648	1,648	3,485	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	83,936	83,936	14,981	0	50.00
50.20 03340	GASTRO INTESTINAL SERVICES	6,984	6,984	784	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,817	7,817	4,793	0	52.00
53.00 05300	ANESTHESIOLOGY	773	773	253	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	56,031	56,031	13,111	0	54.00
54.10 03480	ONCOLOGY	56,756	56,756	8,300	0	54.10
54.20 05401	CT	3,078	3,078	1,201	0	54.20
54.30 05402	MRI	4,524	4,524	1,045	0	54.30
60.00 06000	LABORATORY	19,250	19,250	7,116	0	60.00
60.01 06001	BLOOD	2,436	2,436	397	0	60.01
65.00 06500	RESPIRATORY THERAPY	7,825	7,825	3,634	0	65.00
66.00 06600	PHYSICAL THERAPY	15,367	15,367	5,481	0	66.00
69.00 06900	ELECTROCARDIOLOGY	7,922	7,922	1,400	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,114	2,114	216	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	5,232	5,232	749	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	1,874	1,874	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	8,360	8,360	1,171	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	4,134	4,134	865	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	3,382	3,382	495	0	90.02
90.03 09003	STATELINE CLINIC	444	444	12,517	0	90.03
91.00 09100	EMERGENCY	27,705	27,705	53	0	91.00
91.05 09101	AMBULATORY CARE	5,091	5,091	400	0	91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	17,626	17,626	4,590	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	930,978	930,978	198,862	-64,816,949	255,005,714

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	0	0	0	10,814	190.00
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	10,574	0	469	-90,036,328	0	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	0	0	59	-33,974	0	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	1,484	1,484	583	0	921,387	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	709	709	3,234	0	3,094,375	193.80
193.90 19308 COMPLIMENTARY MEDICINE	1,966	1,966	1,471	0	1,536,894	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	6,257	6,257	1,668	0	1,768,239	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,113,131	14,187,248	4,191,771		65,700,395	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.561579	15.070468	20.314283		0.250442	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			191,465		5,359,070	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.927883		0.020428	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	687,364				6.00	
7.00	00700	OPERATION OF PLANT	77,207	650,660			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,497	6,882	2,000,187		8.00	
9.00	00900	HOUSEKEEPING	12,472	12,924	0	630,854	9.00	
10.00	01000	DIETARY	29,359	30,007	10,150	30,007	307,535	10.00
11.00	01100	CAFETERIA	0	0	0	0	238,564	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	527	910	0	910	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	1,015	0	14.00
15.00	01500	PHARMACY	6,086	6,448	0	6,448	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,072	10,165	0	10,165	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	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	9,381	1,292	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	0	0	0	0	0	23.01
23.20	02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	388	0	388	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	160,476	154,852	784,089	154,852	48,572	30.00
31.00	03100	INTENSIVE CARE UNIT	24,911	24,911	110,500	24,911	5,558	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	28,436	28,436	22,276	28,436	7,863	40.00
43.00	04300	NURSERY	0	1,648	60,039	1,648	6,978	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,326	83,936	221,521	83,936	0	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	7,038	6,984	14,781	6,984	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,817	61,717	7,817	0	52.00
53.00	05300	ANESTHESIOLOGY	773	773	0	773	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,893	56,031	115,194	56,031	0	54.00
54.10	03480	ONCOLOGY	63,603	56,756	0	56,756	0	54.10
54.20	05401	CT	6,276	3,078	6,805	3,078	0	54.20
54.30	05402	MRI	1,313	4,524	6,634	4,524	0	54.30
60.00	06000	LABORATORY	21,686	19,250	0	19,250	0	60.00
60.01	06001	BLOOD	0	2,436	0	2,436	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,172	7,825	344	7,825	0	65.00
66.00	06600	PHYSICAL THERAPY	4,674	15,367	0	15,367	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,211	7,922	12,447	7,922	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056	2,114	2,587	2,114	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	1,224	5,232	0	5,232	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	1,874	1,874	4,514	1,874	0	75.20
76.97	07697	CARDIAC REHABILITATION	332	8,360	0	8,360	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,550	4,134	0	4,134	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	4,715	3,382	0	3,382	0	90.02
90.03	09003	STATELINE CLINIC	0	444	0	444	0	90.03
91.00	09100	EMERGENCY	27,589	27,705	545,542	27,705	0	91.00
91.05	09101	AMBULATORY CARE	5,031	5,091	7,470	5,091	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	3,449	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	17,626	0	17,626	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	669,686	628,539	1,999,440	608,733	307,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	1,131	0	1,131	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	9,474	10,574	747	10,574	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	5,696	1,484	0	1,484	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	709	0	709	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,377	1,966	0	1,966	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	6,257	0	6,257	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,766,138	9,160,090	2,086,667	6,387,575	6,422,268	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.024270	14.078151	1.043236	10.125283	20.883047	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	82,037	2,191,053	225,827	472,655	962,431	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.119350	3.367432	0.112903	0.749230	3.129501	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description			CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,323					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	17	0	41,433,196			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,763,544		14.00
15.00	01500	PHARMACY	57	0	0	0	21,594,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37	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	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	2	0	0	0	0	23.00
23.01	02304	PHARMACY RESIDENCY	2	0	0	0	0	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	2	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	4,349	0	22,561	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	335	0	15,728,693	1,506,655	2,139	30.00
31.00	03100	INTENSIVE CARE UNIT	58	0	3,858,866	397,245	301	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	37	0	656,170	738	0	40.00
43.00	04300	NURSERY	35	0	2,155,924	24,569	118	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	150	0	5,095,513	88,671	3,814	50.00
50.20	03340	GASTROINTESTINAL SERVICES	8	0	462,692	346,089	465	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	48	0	2,662,885	807,233	120	52.00
53.00	05300	ANESTHESIOLOGY	3	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	131	0	1,404,029	407,893	110,845	54.00
54.10	03480	ONCOLOGY	0	0	1,320,374	11,810	11,966,600	54.10
54.20	05401	CT	12	0	0	53,044	176,237	54.20
54.30	05402	MRI	10	0	0	0	88,835	54.30
60.00	06000	LABORATORY	71	0	0	0	2,309	60.00
60.01	06001	BLOOD	4	0	0	0	30,000	60.01
65.00	06500	RESPIRATORY THERAPY	36	0	0	0	52,273	65.00
66.00	06600	PHYSICAL THERAPY	50	0	0	0	1,504	66.00
69.00	06900	ELECTROCARDIOLOGY	14	0	428,402	4,263	1,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,121,700	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	7	0	0	0	215	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	10,763	1,672	75.20
76.97	07697	CARDIAC REHABILITATION	12	0	301,338	0	53	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	9	0	436,601	41,715	9,997	76.98
76.99	07699	LI THOTRI PSY	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	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	5	0	166,329	0	524	90.02
90.03	09003	STATELINE CLINIC	0	0	6,099,709	0	0	90.03
91.00	09100	EMERGENCY	124	0	36,269	62,856	572	91.00
91.05	09101	AMBULATORY CARE	1	0	94,760	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	4	0	0	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,283	0	40,912,903	3,763,544	21,593,926	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	219,235	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	1	0	0	0	264 193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	28	0	262,879	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	11	0	38,179	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,981,944	0	3,011,375	-854,795	14,266,790 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3,765.641723	0.000000	0.072680	0.000000	0.660677 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	746,586	0	85,175	29,301	450,175 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	564.312925	0.000000	0.002056	0.007785	0.020847 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	1,751,050,476					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED PRGM	0	0				23.00
23.01 02304 PHARMACY RESIDENCY	0	0				23.01
23.20 02301 PARAMED PRGM - RADIOLOGY	0	0				23.20
23.30 02302 PARAMED - RADIATION ONCOLOGY	0	0				23.30
23.40 02303 PARAMED - PARAMEDICAL TECHS	0	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	125,683,764	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	41,711,356	0		0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0		0	0	31.01
40.00 04000 SUBPROVIDER - I PF	9,652,096	0		0	0	40.00
43.00 04300 NURSERY	14,834,523	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	182,366,289	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	10,009,908	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	26,913,863	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	15,927,658	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	150,648,450	0	0	0	0	54.00
54.10 03480 ONCOLOGY	47,727,840	0	0	0	0	54.10
54.20 05401 CT	75,059,101	0	0	0	0	54.20
54.30 05402 MRI	31,801,978	0	0	0	0	54.30
60.00 06000 LABORATORY	200,136,779	0	0	0	0	60.00
60.01 06001 BLOOD	11,157,581	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	18,151,032	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	34,385,028	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	39,058,182	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,680,584	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	98,479,458	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	157,057,521	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	288,605,107	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 SLEEP LAB	8,956,044	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	465,460	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	2,657,218	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	1,979,601	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	4,157,581	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	403,916	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	7,850,213	0	0	0	0	90.03
91.00 09100 EMERGENCY	135,233,376	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	154,014	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	1,494,519	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	5,650,436	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					1,751,050,476	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,782,539	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002731	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	389,173	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000222	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.20	23.30	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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 SERVICES-SALARY & FRINGES APPRV	1,960					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		100				22.00
23.00 02300 PARAMED PRGM			100			23.00
23.01 02304 PHARMACY RESIDENCY				100		23.01
23.20 02301 PARAMED PRGM - RADIOLOGY					100	23.20
23.30 02302 PARAMED - RADIATION ONCOLOGY						23.30
23.40 02303 PARAMED - PARAMEDICAL TECHS					0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,240	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	110	0	0	0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I PF	20	0	0	0	0	40.00
43.00 04300 NURSERY	100	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	70	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	60	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	100	0	54.00
54.10 03480 ONCOLOGY	0	0	0	0	0	54.10
54.20 05401 CT	0	0	0	0	0	54.20
54.30 05402 MRI	0	0	0	0	0	54.30
60.00 06000 LABORATORY	0	100	0	0	0	60.00
60.01 06001 BLOOD	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	90	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	90	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	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 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	0	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	180	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PHARMACY RESIDENCY (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.20	23.30	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,960	100	100	100	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.10	19001 MCC WORD PROCESSING	0	0	0	0	0 190.10
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201 SPECIALISTS/PCP'S	0	0	0	0	0 192.01
192.02	19202 MEDWORKS	0	0	0	0	0 192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0 192.03
192.20	19204 IDLE SPACE	0	0	0	0	0 192.20
193.00	19300 NONPAID WORKERS	0	0	0	0	0 193.00
193.10	19301 HOTEL	0	0	0	0	0 193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0 193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0 193.40
193.50	19304 WEE CARE	0	0	0	0	0 193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	0	0	0	0 193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0 193.70
193.80	19307 MARKETING EXPENSES	0	0	0	0	0 193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	0	0	0	0 193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	684,009	274,488	168,299	115,509	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	348.984184	2,744.880000	1,682.990000	1,155.090000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,776	5,676	3,936	3,103	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	24.885714	56.760000	39.360000	31.030000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
		23.40	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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 SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02304	PHARMACY RESIDENCY	23.01
23.20	02301	PARAMED ED PRGM - RADIOLOGY	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	23.40
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	03101	PEDIATRIC ICU	31.01
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.20	03340	GASTROINTESTINAL SERVICES	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.10	03480	ONCOLOGY	54.10
54.20	05401	CT	54.20
54.30	05402	MRI	54.30
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	SLEEP LAB	75.01
75.10	03950	NUTRITIONAL SUPPORT	75.10
75.20	03951	HEMODIALYSIS	75.20
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	CHILDRENS CLINIC	90.01
90.02	09002	DIABETES CLINIC	90.02
90.03	09003	STATELINE CLINIC	90.03
91.00	09100	EMERGENCY	91.00
91.05	09101	AMBULATORY CARE	91.05
91.10	09102	PSYCHIATRIC PARTIAL	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)	
		23.40	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
190.10	19001	MCC WORD PROCESSING	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	SPECIALISTS/PCP'S	0
192.02	19202	MEDWORKS	0
192.03	19203	SWEDI SHAMERICAN ER	0
192.20	19204	IDLE SPACE	0
193.00	19300	NONPAID WORKERS	0
193.10	19301	HOTEL	0
193.30	19302	PHYSICIAN BILLING	0
193.40	19303	MEALS ON WHEELS	0
193.50	19304	WEE CARE	0
193.60	19305	PHYSICIAN RELATED AREAS	0
193.70	19306	WOMEN'S CENTER	0
193.80	19307	MARKETING EXPENSES	0
193.90	19308	COMPLIMENTARY MEDICINE	0
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	1,380,561
203.00		Unit cost multiplier (Wkst. B, Part I)	1,380.561000
204.00		Cost to be allocated (per Wkst. B, Part II)	34,728
205.00		Unit cost multiplier (Wkst. B, Part II)	34.728000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	Hospital		
					RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	52,894,463		52,894,463	29,688	52,924,151	30.00
31.00	03100 INTENSIVE CARE UNIT	10,718,117		10,718,117	5,223	10,723,340	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	5,238,095		5,238,095	5,911	5,244,006	40.00
43.00	04300 NURSERY	5,155,389		5,155,389	1,597	5,156,986	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	32,260,549		32,260,549	44,066	32,304,615	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,283,465		2,283,465	6,736	2,290,201	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,255,617		8,255,617	0	8,255,617	52.00
53.00	05300 ANESTHESIOLOGY	602,637		602,637	52,489	655,126	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,097,959		23,097,959	22,530	23,120,489	54.00
54.10	03480 ONCOLOGY	50,072,599		50,072,599	242,712	50,315,311	54.10
54.20	05401 CT	3,130,313		3,130,313	0	3,130,313	54.20
54.30	05402 MRI	2,430,243		2,430,243	0	2,430,243	54.30
60.00	06000 LABORATORY	16,605,390		16,605,390	0	16,605,390	60.00
60.01	06001 BLOOD	2,335,425		2,335,425	0	2,335,425	60.01
65.00	06500 RESPIRATORY THERAPY	4,981,023	0	4,981,023	0	4,981,023	65.00
66.00	06600 PHYSICAL THERAPY	8,806,057	0	8,806,057	0	8,806,057	66.00
69.00	06900 ELECTROCARDIOLOGY	3,003,450		3,003,450	299,117	3,302,567	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	332,336		332,336	0	332,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,209,857		10,209,857	0	10,209,857	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,977,600		17,977,600	0	17,977,600	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,389,555		18,389,555	0	18,389,555	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,580,523		1,580,523	0	1,580,523	75.01
75.10	03950 NUTRITIONAL SUPPORT	126,979		126,979	0	126,979	75.10
75.20	03951 HEMODIALYSIS	1,012,038		1,012,038	0	1,012,038	75.20
76.97	07697 CARDIAC REHABILITATION	2,111,731		2,111,731	8,930	2,120,661	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,941,064		1,941,064	8,795	1,949,859	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	864,263		864,263	0	864,263	90.02
90.03	09003 STATELINE CLINIC	1,826,884		1,826,884	0	1,826,884	90.03
91.00	09100 EMERGENCY	20,140,723		20,140,723	17,247	20,157,970	91.00
91.05	09101 AMBULATORY CARE	394,750		394,750	0	394,750	91.05
91.10	09102 PSYCHIATRIC PARTIAL	446,764		446,764	0	446,764	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,353,332		6,353,332	0	6,353,332	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,135,486		8,135,486	0	8,135,486	101.00
200.00	Subtotal (see instructions)	323,714,676	0	323,714,676	745,041	324,459,717	200.00
201.00	Less Observation Beds	6,353,332		6,353,332	0	6,353,332	201.00
202.00	Total (see instructions)	317,361,344	0	317,361,344	745,041	318,106,385	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,412,044		110,412,044		30.00
31.00	03100	INTENSIVE CARE UNIT	41,711,356		41,711,356		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	9,652,096		9,652,096		40.00
43.00	04300	NURSERY	14,834,523		14,834,523		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,926,320	108,439,969	182,366,289	0.176900	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,065,379	6,944,529	10,009,908	0.228120	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,592,430	1,321,433	26,913,863	0.306742	52.00
53.00	05300	ANESTHESIOLOGY	8,031,375	7,896,283	15,927,658	0.037836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,630,447	111,018,003	150,648,450	0.153324	54.00
54.10	03480	ONCOLOGY	1,078,068	46,649,772	47,727,840	1.049128	54.10
54.20	05401	CT	16,625,222	58,433,879	75,059,101	0.041705	54.20
54.30	05402	MRI	4,876,068	26,925,910	31,801,978	0.076418	54.30
60.00	06000	LABORATORY	52,924,003	147,212,776	200,136,779	0.082970	60.00
60.01	06001	BLOOD	8,641,275	2,516,306	11,157,581	0.209313	60.01
65.00	06500	RESPIRATORY THERAPY	11,310,583	6,840,449	18,151,032	0.274421	65.00
66.00	06600	PHYSICAL THERAPY	10,922,416	23,462,612	34,385,028	0.256101	66.00
69.00	06900	ELECTROCARDIOLOGY	13,657,027	25,401,155	39,058,182	0.076897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	819,559	1,861,025	2,680,584	0.123979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,830,979	42,648,479	98,479,458	0.103675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,485,167	44,572,354	157,057,521	0.114465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,501,805	170,103,302	288,605,107	0.063719	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,005	8,944,039	8,956,044	0.176476	75.01
75.10	03950	NUTRITIONAL SUPPORT	337	465,123	465,460	0.272803	75.10
75.20	03951	HEMODIALYSIS	2,291,751	365,467	2,657,218	0.380864	75.20
76.97	07697	CARDIAC REHABILITATION	107,481	1,872,120	1,979,601	1.066746	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	33,990	4,123,591	4,157,581	0.466873	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	49,298	354,618	403,916	2.139710	90.02
90.03	09003	STATELINE CLINIC	0	7,850,213	7,850,213	0.232718	90.03
91.00	09100	EMERGENCY	26,060,804	109,172,572	135,233,376	0.148933	91.00
91.05	09101	AMBULATORY CARE	699	153,315	154,014	2.563079	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,494,519	1,494,519	0.298935	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	60,199	15,211,521	15,271,720	0.416019	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,650,436	5,650,436		101.00
200.00		Subtotal (see instructions)	763,144,706	987,905,770	1,751,050,476		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	763,144,706	987,905,770	1,751,050,476		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177141			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.228793			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.306742			52.00
53.00	05300 ANESTHESIOLOGY	0.041131			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153473			54.00
54.10	03480 ONCOLOGY	1.054213			54.10
54.20	05401 CT	0.041705			54.20
54.30	05402 MRI	0.076418			54.30
60.00	06000 LABORATORY	0.082970			60.00
60.01	06001 BLOOD	0.209313			60.01
65.00	06500 RESPIRATORY THERAPY	0.274421			65.00
66.00	06600 PHYSICAL THERAPY	0.256101			66.00
69.00	06900 ELECTROCARDIOLOGY	0.084555			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.123979			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103675			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.114465			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.063719			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.176476			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.272803			75.10
75.20	03951 HEMODIALYSIS	0.380864			75.20
76.97	07697 CARDIAC REHABILITATION	1.071257			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.468989			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDERNS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	2.139710			90.02
90.03	09003 STATELINE CLINIC	0.232718			90.03
91.00	09100 EMERGENCY	0.149061			91.00
91.05	09101 AMBULATORY CARE	2.563079			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.298935			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416019			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		52,894,463	29,688	52,924,151	30.00
31.00	03100 INTENSIVE CARE UNIT		10,718,117	5,223	10,723,340	31.00
31.01	03101 PEDIATRIC ICU		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF		5,238,095	5,911	5,244,006	40.00
43.00	04300 NURSERY		5,155,389	1,597	5,156,986	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		32,260,549	44,066	32,304,615	50.00
50.20	03340 GASTRO INTESTINAL SERVICES		2,283,465	6,736	2,290,201	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,255,617	0	8,255,617	52.00
53.00	05300 ANESTHESIOLOGY		602,637	52,489	655,126	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		23,097,959	22,530	23,120,489	54.00
54.10	03480 ONCOLOGY		50,072,599	242,712	50,315,311	54.10
54.20	05401 CT		3,130,313	0	3,130,313	54.20
54.30	05402 MRI		2,430,243	0	2,430,243	54.30
60.00	06000 LABORATORY		16,605,390	0	16,605,390	60.00
60.01	06001 BLOOD		2,335,425	0	2,335,425	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,981,023	0	4,981,023	65.00
66.00	06600 PHYSICAL THERAPY	0	8,806,057	0	8,806,057	66.00
69.00	06900 ELECTROCARDIOLOGY		3,003,450	299,117	3,302,567	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		332,336	0	332,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,209,857	0	10,209,857	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		17,977,600	0	17,977,600	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		18,389,555	0	18,389,555	73.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501 SLEEP LAB		1,580,523	0	1,580,523	75.01
75.10	03950 NUTRITIONAL SUPPORT		126,979	0	126,979	75.10
75.20	03951 HEMODIALYSIS		1,012,038	0	1,012,038	75.20
76.97	07697 CARDIAC REHABILITATION		2,111,731	8,930	2,120,661	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,941,064	8,795	1,949,859	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC		0	0	0	90.01
90.02	09002 DIABETES CLINIC		864,263	0	864,263	90.02
90.03	09003 STATELINE CLINIC		1,826,884	0	1,826,884	90.03
91.00	09100 EMERGENCY		20,140,723	17,247	20,157,970	91.00
91.05	09101 AMBULATORY CARE		394,750	0	394,750	91.05
91.10	09102 PSYCHIATRIC PARTIAL		446,764	0	446,764	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,353,332	0	6,353,332	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		8,135,486	0	8,135,486	101.00
200.00	Subtotal (see instructions)	0	323,714,676	745,041	324,459,717	200.00
201.00	Less Observation Beds		6,353,332	0	6,353,332	201.00
202.00	Total (see instructions)	0	317,361,344	745,041	318,106,385	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,412,044		110,412,044		30.00
31.00	03100	INTENSIVE CARE UNIT	41,711,356		41,711,356		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	9,652,096		9,652,096		40.00
43.00	04300	NURSERY	14,834,523		14,834,523		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,926,320	108,439,969	182,366,289	0.176900	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,065,379	6,944,529	10,009,908	0.228120	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,592,430	1,321,433	26,913,863	0.306742	52.00
53.00	05300	ANESTHESIOLOGY	8,031,375	7,896,283	15,927,658	0.037836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,630,447	111,018,003	150,648,450	0.153324	54.00
54.10	03480	ONCOLOGY	1,078,068	46,649,772	47,727,840	1.049128	54.10
54.20	05401	CT	16,625,222	58,433,879	75,059,101	0.041705	54.20
54.30	05402	MRI	4,876,068	26,925,910	31,801,978	0.076418	54.30
60.00	06000	LABORATORY	52,924,003	147,212,776	200,136,779	0.082970	60.00
60.01	06001	BLOOD	8,641,275	2,516,306	11,157,581	0.209313	60.01
65.00	06500	RESPIRATORY THERAPY	11,310,583	6,840,449	18,151,032	0.274421	65.00
66.00	06600	PHYSICAL THERAPY	10,922,416	23,462,612	34,385,028	0.256101	66.00
69.00	06900	ELECTROCARDIOLOGY	13,657,027	25,401,155	39,058,182	0.076897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	819,559	1,861,025	2,680,584	0.123979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,830,979	42,648,479	98,479,458	0.103675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,485,167	44,572,354	157,057,521	0.114465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,501,805	170,103,302	288,605,107	0.063719	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,005	8,944,039	8,956,044	0.176476	75.01
75.10	03950	NUTRITIONAL SUPPORT	337	465,123	465,460	0.272803	75.10
75.20	03951	HEMODIALYSIS	2,291,751	365,467	2,657,218	0.380864	75.20
76.97	07697	CARDIAC REHABILITATION	107,481	1,872,120	1,979,601	1.066746	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	33,990	4,123,591	4,157,581	0.466873	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	49,298	354,618	403,916	2.139710	90.02
90.03	09003	STATELINE CLINIC	0	7,850,213	7,850,213	0.232718	90.03
91.00	09100	EMERGENCY	26,060,804	109,172,572	135,233,376	0.148933	91.00
91.05	09101	AMBULATORY CARE	699	153,315	154,014	2.563079	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,494,519	1,494,519	0.298935	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	60,199	15,211,521	15,271,720	0.416019	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,650,436	5,650,436		101.00
200.00		Subtotal (see instructions)	763,144,706	987,905,770	1,751,050,476		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	763,144,706	987,905,770	1,751,050,476		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - I PF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDERNS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	52,894,463		52,894,463	29,688	52,924,151	30.00
31.00	03100 INTENSIVE CARE UNIT	10,718,117		10,718,117	5,223	10,723,340	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	5,238,095		5,238,095	5,911	5,244,006	40.00
43.00	04300 NURSERY	5,155,389		5,155,389	1,597	5,156,986	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	32,260,549		32,260,549	44,066	32,304,615	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	2,283,465		2,283,465	6,736	2,290,201	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,255,617		8,255,617	0	8,255,617	52.00
53.00	05300 ANESTHESIOLOGY	602,637		602,637	52,489	655,126	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	23,097,959		23,097,959	22,530	23,120,489	54.00
54.10	03480 ONCOLOGY	50,072,599		50,072,599	242,712	50,315,311	54.10
54.20	05401 CT	3,130,313		3,130,313	0	3,130,313	54.20
54.30	05402 MRI	2,430,243		2,430,243	0	2,430,243	54.30
60.00	06000 LABORATORY	16,605,390		16,605,390	0	16,605,390	60.00
60.01	06001 BLOOD	2,335,425		2,335,425	0	2,335,425	60.01
65.00	06500 RESPIRATORY THERAPY	4,981,023	0	4,981,023	0	4,981,023	65.00
66.00	06600 PHYSICAL THERAPY	8,806,057	0	8,806,057	0	8,806,057	66.00
69.00	06900 ELECTROCARDIOLOGY	3,003,450		3,003,450	299,117	3,302,567	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	332,336		332,336	0	332,336	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,209,857		10,209,857	0	10,209,857	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,977,600		17,977,600	0	17,977,600	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,389,555		18,389,555	0	18,389,555	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,580,523		1,580,523	0	1,580,523	75.01
75.10	03950 NUTRITIONAL SUPPORT	126,979		126,979	0	126,979	75.10
75.20	03951 HEMODIALYSIS	1,012,038		1,012,038	0	1,012,038	75.20
76.97	07697 CARDIAC REHABILITATION	2,111,731		2,111,731	8,930	2,120,661	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,941,064		1,941,064	8,795	1,949,859	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	864,263		864,263	0	864,263	90.02
90.03	09003 STATELINE CLINIC	1,826,884		1,826,884	0	1,826,884	90.03
91.00	09100 EMERGENCY	20,140,723		20,140,723	17,247	20,157,970	91.00
91.05	09101 AMBULATORY CARE	394,750		394,750	0	394,750	91.05
91.10	09102 PSYCHIATRIC PARTIAL	446,764		446,764	0	446,764	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,353,332		6,353,332	0	6,353,332	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	8,135,486		8,135,486	0	8,135,486	101.00
200.00	Subtotal (see instructions)	323,714,676	0	323,714,676	745,041	324,459,717	200.00
201.00	Less Observation Beds	6,353,332		6,353,332	0	6,353,332	201.00
202.00	Total (see instructions)	317,361,344	0	317,361,344	745,041	318,106,385	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
10/22/2015 4:43 pm

		Title V			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	110,412,044		110,412,044		30.00
31.00	03100	INTENSIVE CARE UNIT	41,711,356		41,711,356		31.00
31.01	03101	PEDIATRIC ICU	0		0		31.01
40.00	04000	SUBPROVIDER - I/PF	9,652,096		9,652,096		40.00
43.00	04300	NURSERY	14,834,523		14,834,523		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	73,926,320	108,439,969	182,366,289	0.176900	50.00
50.20	03340	GASTROINTESTINAL SERVICES	3,065,379	6,944,529	10,009,908	0.228120	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,592,430	1,321,433	26,913,863	0.306742	52.00
53.00	05300	ANESTHESIOLOGY	8,031,375	7,896,283	15,927,658	0.037836	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,630,447	111,018,003	150,648,450	0.153324	54.00
54.10	03480	ONCOLOGY	1,078,068	46,649,772	47,727,840	1.049128	54.10
54.20	05401	CT	16,625,222	58,433,879	75,059,101	0.041705	54.20
54.30	05402	MRI	4,876,068	26,925,910	31,801,978	0.076418	54.30
60.00	06000	LABORATORY	52,924,003	147,212,776	200,136,779	0.082970	60.00
60.01	06001	BLOOD	8,641,275	2,516,306	11,157,581	0.209313	60.01
65.00	06500	RESPIRATORY THERAPY	11,310,583	6,840,449	18,151,032	0.274421	65.00
66.00	06600	PHYSICAL THERAPY	10,922,416	23,462,612	34,385,028	0.256101	66.00
69.00	06900	ELECTROCARDIOLOGY	13,657,027	25,401,155	39,058,182	0.076897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	819,559	1,861,025	2,680,584	0.123979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,830,979	42,648,479	98,479,458	0.103675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	112,485,167	44,572,354	157,057,521	0.114465	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,501,805	170,103,302	288,605,107	0.063719	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	SLEEP LAB	12,005	8,944,039	8,956,044	0.176476	75.01
75.10	03950	NUTRITIONAL SUPPORT	337	465,123	465,460	0.272803	75.10
75.20	03951	HEMODIALYSIS	2,291,751	365,467	2,657,218	0.380864	75.20
76.97	07697	CARDIAC REHABILITATION	107,481	1,872,120	1,979,601	1.066746	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	33,990	4,123,591	4,157,581	0.466873	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	90.01
90.02	09002	DIABETES CLINIC	49,298	354,618	403,916	2.139710	90.02
90.03	09003	STATELINE CLINIC	0	7,850,213	7,850,213	0.232718	90.03
91.00	09100	EMERGENCY	26,060,804	109,172,572	135,233,376	0.148933	91.00
91.05	09101	AMBULATORY CARE	699	153,315	154,014	2.563079	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,494,519	1,494,519	0.298935	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	60,199	15,211,521	15,271,720	0.416019	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	5,650,436	5,650,436		101.00
200.00		Subtotal (see instructions)	763,144,706	987,905,770	1,751,050,476		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	763,144,706	987,905,770	1,751,050,476		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDERNS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
90.03	09003 STATELINE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part I Date/Time Prepared: 10/22/2015 4:43 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,709,425	0	5,709,425	57,253	99.72	30.00
31.00	INTENSIVE CARE UNIT	954,148		954,148	5,558	171.67	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	941,714	0	941,714	5,113	184.18	40.00
43.00	NURSERY	181,498		181,498	6,978	26.01	43.00
200.00	Total (Lines 30-199)	7,786,785		7,786,785	74,902		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	19,203	1,914,923	30.00
31.00	INTENSIVE CARE UNIT	2,232	383,167	31.00
31.01	PEDIATRIC ICU	0	0	31.01
40.00	SUBPROVIDER - IPF	1,447	266,508	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	22,882	2,564,598	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D
Part II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital			
					Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,058,780	182,366,289	0.016773	24,730,364	414,802	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	244,050	10,009,908	0.024381	1,434,851	34,983	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	398,094	26,913,863	0.014791	70,537	1,043	52.00
53.00	05300	ANESTHESIOLOGY	36,371	15,927,658	0.002284	2,675,612	6,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,085,193	150,648,450	0.013841	21,900,783	303,129	54.00
54.10	03480	ONCOLOGY	4,067,043	47,727,840	0.085213	220,057	18,752	54.10
54.20	05401	CT	161,633	75,059,101	0.002153	7,926,900	17,067	54.20
54.30	05402	MRI	181,212	31,801,978	0.005698	2,155,924	12,284	54.30
60.00	06000	LABORATORY	891,581	200,136,779	0.004455	5,424,374	24,166	60.00
60.01	06001	BLOOD	111,881	11,157,581	0.010027	4,856,765	48,699	60.01
65.00	06500	RESPIRATORY THERAPY	329,195	18,151,032	0.018136	5,396,825	97,877	65.00
66.00	06600	PHYSICAL THERAPY	616,157	34,385,028	0.017919	5,696,418	102,074	66.00
69.00	06900	ELECTROCARDIOLOGY	290,910	39,058,182	0.007448	2,471,637	18,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,407	2,680,584	0.025146	365,377	9,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	184,263	98,479,458	0.001871	22,281,498	41,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	321,553	157,057,521	0.002047	40,613,121	83,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	441,009	288,605,107	0.001528	44,597,647	68,145	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	SLEEP LAB	180,035	8,956,044	0.020102	10,786	217	75.01
75.10	03950	NUTRITIONAL SUPPORT	2,157	465,460	0.004634	320	1	75.10
75.20	03951	HEMODIALYSIS	70,690	2,657,218	0.026603	1,432,276	38,103	75.20
76.97	07697	CARDIAC REHABILITATION	279,285	1,979,601	0.014108	1,536	217	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	155,659	4,157,581	0.037440	19,434	728	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	DIABETES CLINIC	113,458	403,916	0.280895	15,503	4,355	90.02
90.03	09003	STATELINE CLINIC	119,910	7,850,213	0.015275	0	0	90.03
91.00	09100	EMERGENCY	1,232,203	135,233,376	0.009112	12,476,503	113,686	91.00
91.05	09101	AMBULATORY CARE	152,764	154,014	0.991884	530	526	91.05
91.10	09102	PSYCHIATRIC PARTIAL	9,905	1,494,519	0.006628	0	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	685,391	15,271,720	0.044880	40,900	1,836	92.00
200.00		Total (Lines 50-199)	16,487,789	1,568,790,021		206,816,478	1,461,222	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet D Part III Date/Time Prepared: 10/22/2015 4:43 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,253	0.00	19,203	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,558	0.00	2,232	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0.00	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	5,113	0.00	1,447	0	0	40.00
43.00	04300	NURSERY	6,978	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	74,902		22,882	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
50.20	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	115,509	0	115,509	
54.10	03480	ONCOLOGY	0	0	0	0	54.10	
54.20	05401	CT	0	0	0	0	54.20	
54.30	05402	MRI	0	0	0	0	54.30	
60.00	06000	LABORATORY	0	0	274,488	0	274,488	
60.01	06001	BLOOD	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	168,299	0	168,299	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	SLEEP LAB	0	0	0	0	75.01	
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10	
75.20	03951	HEMODIALYSIS	0	0	0	0	75.20	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01	
90.02	09002	DIABETES CLINIC	0	0	0	0	90.02	
90.03	09003	STATELINE CLINIC	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	1,380,561	0	1,380,561	
91.05	09101	AMBULATORY CARE	0	0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	1,938,857	0	1,938,857	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D
Part IV
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	182,366,289	0.000000	0.000000	24,730,364	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0	10,009,908	0.000000	0.000000	1,434,851	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,913,863	0.000000	0.000000	70,537	52.00
53.00	05300	ANESTHESIOLOGY	0	15,927,658	0.000000	0.000000	2,675,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,509	150,648,450	0.000767	0.000767	21,900,783	54.00
54.10	03480	ONCOLOGY	0	47,727,840	0.000000	0.000000	220,057	54.10
54.20	05401	CT	0	75,059,101	0.000000	0.000000	7,926,900	54.20
54.30	05402	MRI	0	31,801,978	0.000000	0.000000	2,155,924	54.30
60.00	06000	LABORATORY	274,488	200,136,779	0.001372	0.001372	5,424,374	60.00
60.01	06001	BLOOD	0	11,157,581	0.000000	0.000000	4,856,765	60.01
65.00	06500	RESPIRATORY THERAPY	0	18,151,032	0.000000	0.000000	5,396,825	65.00
66.00	06600	PHYSICAL THERAPY	0	34,385,028	0.000000	0.000000	5,696,418	66.00
69.00	06900	ELECTROCARDIOLOGY	0	39,058,182	0.000000	0.000000	2,471,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,680,584	0.000000	0.000000	365,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,479,458	0.000000	0.000000	22,281,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	157,057,521	0.000000	0.000000	40,613,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,299	288,605,107	0.000583	0.000583	44,597,647	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	SLEEP LAB	0	8,956,044	0.000000	0.000000	10,786	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	465,460	0.000000	0.000000	320	75.10
75.20	03951	HEMODIALYSIS	0	2,657,218	0.000000	0.000000	1,432,276	75.20
76.97	07697	CARDIAC REHABILITATION	0	1,979,601	0.000000	0.000000	1,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,157,581	0.000000	0.000000	19,434	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	0	403,916	0.000000	0.000000	15,503	90.02
90.03	09003	STATELINE CLINIC	0	7,850,213	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	1,380,561	135,233,376	0.010209	0.010209	12,476,503	91.00
91.05	09101	AMBULATORY CARE	0	154,014	0.000000	0.000000	530	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,494,519	0.000000	0.000000	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,271,720	0.000000	0.000000	40,900	92.00
200.00		Total (Lines 50-199)	1,938,857	1,568,790,021			206,816,478	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D
Part IV
Date/Time Prepared:
10/22/2015 4:43 pm

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	20,055,616	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	1,746,529	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	15,941	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,424,033	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,798	25,597,538	19,633	54.00
54.10	03480 ONCOLOGY	0	20,631,635	0	54.10
54.20	05401 CT	0	15,279,542	0	54.20
54.30	05402 MRI	0	6,292,897	0	54.30
60.00	06000 LABORATORY	7,442	14,696,320	20,163	60.00
60.01	06001 BLOOD	0	622,945	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,996,256	0	65.00
66.00	06600 PHYSICAL THERAPY	0	105,498	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	7,471,578	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	449,069	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,854,960	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,944,417	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,000	55,632,099	32,434	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	2,048,970	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	12,879	0	75.10
75.20	03951 HEMODIALYSIS	0	292,484	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	715,962	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,530,590	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	10,590	0	90.02
90.03	09003 STATELINE CLINIC	0	865,897	0	90.03
91.00	09100 EMERGENCY	127,373	17,897,407	182,715	91.00
91.05	09101 AMBULATORY CARE	0	78,189	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	151,959	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,590,209	0	92.00
200.00	Total (Lines 50-199)	177,613	224,012,009	254,945	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part V Date/Time Prepared: 10/22/2015 4:43 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.176900	20,055,616	3	0	3,547,838	50.00	
50.20 03340 GASTRO INTESTINAL SERVICES	0.228120	1,746,529	0	0	398,418	50.20	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.306742	15,941	0	0	4,890	52.00	
53.00 05300 ANESTHESIOLOGY	0.037836	1,424,033	0	0	53,880	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.153324	25,597,538	0	0	3,924,717	54.00	
54.10 03480 ONCOLOGY	1.049128	20,631,635	58	0	21,645,226	54.10	
54.20 05401 CT	0.041705	15,279,542	0	0	637,233	54.20	
54.30 05402 MRI	0.076418	6,292,897	0	0	480,891	54.30	
60.00 06000 LABORATORY	0.082970	14,696,320	415	0	1,219,354	60.00	
60.01 06001 BLOOD	0.209313	622,945	14	0	130,390	60.01	
65.00 06500 RESPIRATORY THERAPY	0.274421	1,996,256	0	0	547,815	65.00	
66.00 06600 PHYSICAL THERAPY	0.256101	105,498	0	0	27,018	66.00	
69.00 06900 ELECTROCARDIOLOGY	0.076897	7,471,578	0	0	574,542	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.123979	449,069	0	0	55,675	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103675	9,854,960	0	0	1,021,713	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.114465	12,944,417	0	0	1,481,683	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.063719	55,632,099	0	481,857	3,544,822	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01 07501 SLEEP LAB	0.176476	2,048,970	0	0	361,594	75.01	
75.10 03950 NUTRITIONAL SUPPORT	0.272803	12,879	0	0	3,513	75.10	
75.20 03951 HEMODIALYSIS	0.380864	292,484	0	0	111,397	75.20	
76.97 07697 CARDIAC REHABILITATION	1.066746	715,962	3	0	763,750	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.466873	1,530,590	0	0	714,591	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01	
90.02 09002 DIABETES CLINIC	2.139710	10,590	0	0	22,660	90.02	
90.03 09003 STATELINE CLINIC	0.232718	865,897	3	0	201,510	90.03	
91.00 09100 EMERGENCY	0.148933	17,897,407	72	0	2,665,515	91.00	
91.05 09101 AMBULATORY CARE	2.563079	78,189	0	0	200,405	91.05	
91.10 09102 PSYCHIATRIC PARTIAL	0.298935	151,959	0	0	45,426	91.10	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416019	5,590,209	0	0	2,325,633	92.00	
200.00		Subtotal (see instructions)	224,012,009	568	481,857	46,712,099	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	224,012,009	568	481,857	46,712,099	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part V Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1	0		50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03480 ONCOLOGY	61	0		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	34	0		60.00
60.01 06001 BLOOD	3	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	30,703		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 SLEEP LAB	0	0		75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0		75.10
75.20 03951 HEMODIALYSIS	0	0		75.20
76.97 07697 CARDIAC REHABILITATION	3	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILDRENS CLINIC	0	0		90.01
90.02 09002 DIABETES CLINIC	0	0		90.02
90.03 09003 STATELINE CLINIC	1	0		90.03
91.00 09100 EMERGENCY	11	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	114	30,703		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	114	30,703		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part II Date/Time Prepared: 10/22/2015 4:43 pm
		Component CCN: 14S228	Title XVIII	Subprovider - IPF

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	3,058,780	182,366,289	0.016773	23,927	401	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	244,050	10,009,908	0.024381	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	398,094	26,913,863	0.014791	26	0	52.00
53.00	05300 ANESTHESIOLOGY	36,371	15,927,658	0.002284	3,006	7	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,085,193	150,648,450	0.013841	35,970	498	54.00
54.10	03480 ONCOLOGY	4,067,043	47,727,840	0.085213	169	14	54.10
54.20	05401 CT	161,633	75,059,101	0.002153	28,286	61	54.20
54.30	05402 MRI	181,212	31,801,978	0.005698	2,920	17	54.30
60.00	06000 LABORATORY	891,581	200,136,779	0.004455	116,497	519	60.00
60.01	06001 BLOOD	111,881	11,157,581	0.010027	68,359	685	60.01
65.00	06500 RESPIRATORY THERAPY	329,195	18,151,032	0.018136	7,630	138	65.00
66.00	06600 PHYSICAL THERAPY	616,157	34,385,028	0.017919	20,804	373	66.00
69.00	06900 ELECTROCARDIOLOGY	290,910	39,058,182	0.007448	74,938	558	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	67,407	2,680,584	0.025146	1,358	34	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	184,263	98,479,458	0.001871	7,579	14	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	321,553	157,057,521	0.002047	29,293	60	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	441,009	288,605,107	0.001528	539,108	824	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	180,035	8,956,044	0.020102	42	1	75.01
75.10	03950 NUTRITIONAL SUPPORT	2,157	465,460	0.004634	16	0	75.10
75.20	03951 HEMODIALYSIS	70,690	2,657,218	0.026603	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	279,285	1,979,601	0.141081	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	155,659	4,157,581	0.037440	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	113,458	403,916	0.280895	788	221	90.02
90.03	09003 STATELINE CLINIC	119,910	7,850,213	0.015275	0	0	90.03
91.00	09100 EMERGENCY	1,232,203	135,233,376	0.009112	480,257	4,376	91.00
91.05	09101 AMBULATORY CARE	152,764	154,014	0.991884	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	9,905	1,494,519	0.006628	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,271,720	0.000000	0	0	92.00
200.00	Total (lines 50-199)	15,802,398	1,568,790,021		1,440,973	8,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part IV Date/Time Prepared: 10/22/2015 4:43 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	0	0	0	0	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	115,509	0	115,509	54.00
54.10	03480 ONCOLOGY	0	0	0	0	0	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	274,488	0	274,488	60.00
60.01	06001 BLOOD	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	168,299	0	168,299	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	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 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	1,380,561	0	1,380,561	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	1,938,857	0	1,938,857	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part IV Date/Time Prepared: 10/22/2015 4:43 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	182,366,289	0.000000	0.000000	23,927	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	10,009,908	0.000000	0.000000	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	26,913,863	0.000000	0.000000	26	52.00
53.00 05300 ANESTHESIOLOGY	0	15,927,658	0.000000	0.000000	3,006	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	115,509	150,648,450	0.000767	0.000767	35,970	54.00
54.10 03480 ONCOLOGY	0	47,727,840	0.000000	0.000000	169	54.10
54.20 05401 CT	0	75,059,101	0.000000	0.000000	28,286	54.20
54.30 05402 MRI	0	31,801,978	0.000000	0.000000	2,920	54.30
60.00 06000 LABORATORY	274,488	200,136,779	0.001372	0.001372	116,497	60.00
60.01 06001 BLOOD	0	11,157,581	0.000000	0.000000	68,359	60.01
65.00 06500 RESPIRATORY THERAPY	0	18,151,032	0.000000	0.000000	7,630	65.00
66.00 06600 PHYSICAL THERAPY	0	34,385,028	0.000000	0.000000	20,804	66.00
69.00 06900 ELECTROCARDIOLOGY	0	39,058,182	0.000000	0.000000	74,938	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,680,584	0.000000	0.000000	1,358	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,479,458	0.000000	0.000000	7,579	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	157,057,521	0.000000	0.000000	29,293	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	168,299	288,605,107	0.000583	0.000583	539,108	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 07501 SLEEP LAB	0	8,956,044	0.000000	0.000000	42	75.01
75.10 03950 NUTRITIONAL SUPPORT	0	465,460	0.000000	0.000000	16	75.10
75.20 03951 HEMODIALYSIS	0	2,657,218	0.000000	0.000000	0	75.20
76.97 07697 CARDIAC REHABILITATION	0	1,979,601	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	4,157,581	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02 09002 DIABETES CLINIC	0	403,916	0.000000	0.000000	788	90.02
90.03 09003 STATELINE CLINIC	0	7,850,213	0.000000	0.000000	0	90.03
91.00 09100 EMERGENCY	1,380,561	135,233,376	0.010209	0.010209	480,257	91.00
91.05 09101 AMBULATORY CARE	0	154,014	0.000000	0.000000	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	1,494,519	0.000000	0.000000	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,271,720	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,938,857	1,568,790,021			1,440,973	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228
Component CCN: 14S228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D
Part IV
Date/Time Prepared:
10/22/2015 4:43 pm
PPS

Title XVIII

Subprovider -
IPF

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
50.20	03340 GASTRO INTESTINAL SERVICES	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	28	31,202	24	54.00
54.10	03480 ONCOLOGY	0	0	0	54.10
54.20	05401 CT	0	0	0	54.20
54.30	05402 MRI	0	0	0	54.30
60.00	06000 LABORATORY	160	0	0	60.00
60.01	06001 BLOOD	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,633	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,936	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,286	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	314	6,389	4	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	90.02
90.03	09003 STATELINE CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	4,903	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	5,405	68,446	28	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part V Date/Time Prepared: 10/22/2015 4:43 pm
		Component CCN: 14S228		
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.176900	0	0	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0.228120	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.306742	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.037836	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.153324	31,202	0	0	4,784	54.00
54.10 03480 ONCOLOGY	1.049128	0	0	0	0	54.10
54.20 05401 CT	0.041705	0	0	0	0	54.20
54.30 05402 MRI	0.076418	0	0	0	0	54.30
60.00 06000 LABORATORY	0.082970	0	0	0	0	60.00
60.01 06001 BLOOD	0.209313	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.274421	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.256101	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.076897	3,633	0	0	279	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.123979	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103675	10,936	0	0	1,134	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.114465	16,286	0	0	1,864	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.063719	6,389	0	0	407	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0.176476	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0.272803	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	0.380864	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	1.066746	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.466873	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	2.139710	0	0	0	0	90.02
90.03 09003 STATELINE CLINIC	0.232718	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.148933	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	2.563079	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0.298935	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416019	0	0	0	0	92.00
200.00	Subtotal (see instructions)		68,446	0	8,468	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		68,446	0	8,468	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D Part V Date/Time Prepared: 10/22/2015 4:43 pm
	Component CCN: 14S228	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.20 03340 GASTRO INTESTINAL SERVICES	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.10 03480 ONCOLOGY	0	0	54.10
54.20 05401 CT	0	0	54.20
54.30 05402 MRI	0	0	54.30
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 07501 SLEEP LAB	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0	75.10
75.20 03951 HEMODIALYSIS	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	90.01
90.02 09002 DIABETES CLINIC	0	0	90.02
90.03 09003 STATELINE CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
91.05 09101 AMBULATORY CARE	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D-1 Date/Time Prepared: 10/22/2015 4:43 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)		57,253	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		57,253	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)		50,380	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)		19,203	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)		52,924,151	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)		52,924,151	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)		52,924,151	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)		924.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,751,061	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)		17,751,061	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 10/22/2015 4:43 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	10,723,340	5,558	1,929.35	2,232	4,306,309		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,860,121		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,917,491		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)					2,298,090		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,638,835		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,936,925		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,980,566		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/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					6,873		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					924.39		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,353,332		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet D-1
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,709,425	52,924,151	0.107879	6,353,332	685,391	90.00
91.00 Nursing School cost	0	52,924,151	0.000000	6,353,332	0	91.00
92.00 Allied health cost	0	52,924,151	0.000000	6,353,332	0	92.00
93.00 All other Medical Education	0	52,924,151	0.000000	6,353,332	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2014 To 05/31/2015	Worksheet D-1 Date/Time Prepared: 10/22/2015 4:43 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)		5,113	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,113	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)		5,113	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,447	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)		5,244,006	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)		5,244,006	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)		5,244,006	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)		1,025.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,484,072	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,484,072	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2014 To 05/31/2015		Worksheet D-1	
		Component CCN: 14S228				Date/Time Prepared: 10/22/2015 4:43 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
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					161,146	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,645,218	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)					266,508	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,206	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					280,714	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,364,504	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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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: 140228 Component CCN: 14S228		Period: From 06/01/2014 To 05/31/2015		Worksheet D-1 Date/Time Prepared: 10/22/2015 4:43 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	941,714	5,244,006	0.179579	0	0	90.00
91.00	Nursing School cost	0	5,244,006	0.000000	0	0	91.00
92.00	Allied health cost	0	5,244,006	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,244,006	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D-3 Date/Time Prepared: 10/22/2015 4:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		50,327,645	30.00
31.00	03100	INTENSIVE CARE UNIT		19,748,700	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		266,888	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.177141	24,730,364	50.00
50.20	03340	GASTRO INTESTINAL SERVICES	0.228793	1,434,851	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.306742	70,537	52.00
53.00	05300	ANESTHESIOLOGY	0.041131	2,675,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.153473	21,900,783	54.00
54.10	03480	ONCOLOGY	1.054213	220,057	54.10
54.20	05401	CT	0.041705	7,926,900	54.20
54.30	05402	MRI	0.076418	2,155,924	54.30
60.00	06000	LABORATORY	0.082970	5,424,374	60.00
60.01	06001	BLOOD	0.209313	4,856,765	60.01
65.00	06500	RESPIRATORY THERAPY	0.274421	5,396,825	65.00
66.00	06600	PHYSICAL THERAPY	0.256101	5,696,418	66.00
69.00	06900	ELECTROCARDIOLOGY	0.084555	2,471,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.123979	365,377	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103675	22,281,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.114465	40,613,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.063719	44,597,647	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.176476	10,786	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.272803	320	75.10
75.20	03951	HEMODIALYSIS	0.380864	1,432,276	75.20
76.97	07697	CARDIAC REHABILITATION	1.071257	1,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.468989	19,434	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	2.139710	15,503	90.02
90.03	09003	STATELINE CLINIC	0.232718	0	90.03
91.00	09100	EMERGENCY	0.149061	12,476,503	91.00
91.05	09101	AMBULATORY CARE	2.563079	530	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.298935	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.416019	40,900	92.00
200.00		Total (sum of lines 50-94 and 96-98)		206,816,478	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)		206,816,478	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet D-3	
		Component CCN: 14S228		Date/Time Prepared: 10/22/2015 4:43 pm	
		Title XVIIII	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
31.01	03101 PEDIATRIC ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		2,994,094		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177141	23,927	4,238	50.00
50.20	03340 GASTRO INTESTINAL SERVICES	0.228793	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.306742	26	8	52.00
53.00	05300 ANESTHESIOLOGY	0.041131	3,006	124	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.153473	35,970	5,520	54.00
54.10	03480 ONCOLOGY	1.054213	169	178	54.10
54.20	05401 CT	0.041705	28,286	1,180	54.20
54.30	05402 MRI	0.076418	2,920	223	54.30
60.00	06000 LABORATORY	0.082970	116,497	9,666	60.00
60.01	06001 BLOOD	0.209313	68,359	14,308	60.01
65.00	06500 RESPIRATORY THERAPY	0.274421	7,630	2,094	65.00
66.00	06600 PHYSICAL THERAPY	0.256101	20,804	5,328	66.00
69.00	06900 ELECTROCARDIOLOGY	0.084555	74,938	6,336	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.123979	1,358	168	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103675	7,579	786	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.114465	29,293	3,353	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.063719	539,108	34,351	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	0.176476	42	7	75.01
75.10	03950 NUTRITIONAL SUPPORT	0.272803	16	4	75.10
75.20	03951 HEMODIALYSIS	0.380864	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	1.071257	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.468989	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	2.139710	788	1,686	90.02
90.03	09003 STATELINE CLINIC	0.232718	0	0	90.03
91.00	09100 EMERGENCY	0.149061	480,257	71,588	91.00
91.05	09101 AMBULATORY CARE	2.563079	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.298935	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416019	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,440,973	161,146	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,440,973		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part A Date/Time Prepared: 10/22/2015 4:43 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,445,118		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		25,006,485		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)		1,775,108		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		10,858,596		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		267.17		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)		12.38		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)		12.38		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		24.74		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)		12.38		12.00
13.00	Total allowable FTE count for the prior year.		12.38		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.		12.38		14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.38		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		12.38		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.046338		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044095		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044095		21.00
22.00	IME payment adjustment (see instructions)		1,126,030		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.36		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,126,030		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part A Date/Time Prepared: 10/22/2015 4:43 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.75		30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.77		31.00
32.00	Sum of lines 30 and 31		38.52		32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.99		33.00
34.00	Disproportionate share adjustment (see instructions)		1,912,798		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		7,647,644,885 35.00
35.01	Factor 3 (see instructions)		0.00000000		0.000539351 35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		5,228,213		4,124,765 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,747,515		2,746,075 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,493,590		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		45,759,129		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)		45,759,129		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,422,532		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).		308,644		52.00
53.00	Nursing and Allied Health Managed Care payment		91,232		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		177,613		58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,759,150		59.00
60.00	Primary payer payments		20,828		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,738,322		61.00
62.00	Deductibles billed to program beneficiaries		3,990,520		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part A Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS

		Prior to October 1		On/After October 1	
	0	1.00	1.01	2.00	
63.00	Coinsurance billed to program beneficiaries		66,555		63.00
64.00	Allowable bad debts (see instructions)		1,443,721		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		938,419		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,038,477		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,619,666		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)		-40,230		70.93
70.94	HRR adjustment amount (see instructions)		-214,634		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,364,802		71.00
71.01	Sequestration adjustment (see instructions)		927,296		71.01
72.00	Interim payments		44,379,665		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)		1,057,841		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,479,770		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part A Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/22/2015 4:43 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	11,445,118	0	11,445,118	0	11,445,118	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,006,485	0	0	25,006,485	25,006,485	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	1,775,108	0	766,557	1,008,551	1,775,108	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	10,858,596	0	3,218,888	6,648,540	9,867,428	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044095	0.044095	0.044095	0.044095		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,126,030	0	349,018	777,012	1,126,030	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	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	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,126,030	0	349,018	777,012	1,126,030	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2099	0.2099	0.2099	0.2099		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,912,798	0	600,583	1,312,215	1,912,798	11.00
11.01	Uncompensated care payments	36.00	4,493,590	0	1,747,515	2,746,075	4,493,590	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	45,759,129	0	14,908,791	30,850,338	45,759,129	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	45,759,129	0	14,908,791	30,850,338	45,759,129	15.00
16.00	Payment for inpatient program capital	50.00	3,422,532	0	1,100,160	2,322,372	3,422,532	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital 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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
10/22/2015 4:43 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	16,008,951	33,172,710	49,181,661	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	2,909,448	0	913,081	1,996,367	2,909,448	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	211,084	0	92,301	118,783	211,084	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	0.0227	0.0227	0.0227	0.0227		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	66,044	0	20,727	45,317	66,044	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0811	0.0811	0.0811	0.0811		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	235,956	0	74,051	161,905	235,956	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,422,532	0	1,100,160	2,322,372	3,422,532	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 10/22/2015 4:43 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	11,445,118	11,445,118		11,445,118	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,006,485		25,006,485	25,006,485	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	1,775,108	766,557	1,008,551	1,775,108	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	10,858,596	0	6,648,540	6,648,540	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.044095	0.044095	0.044095		5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,126,030	272,405	853,625	1,126,030	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,126,030	272,405	853,625	1,126,030	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2099	0.2099	0.2099		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,912,798	600,583	1,312,215	1,912,798	11.00	
11.01	Uncompensated care payments	36.00	4,493,590	1,747,515	2,746,075	4,493,590	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	45,759,129	14,832,178	30,926,951	45,759,129	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	45,759,129	14,832,178	30,926,951	45,759,129	15.00	
16.00	Payment for inpatient program capital	50.00	3,422,532	1,100,160	2,322,372	3,422,532	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Capital 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			15,932,338	33,249,323	49,181,661	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
10/22/2015 4:43 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	2,909,448	913,081	1,996,367	2,909,448	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	211,084	92,301	118,783	211,084	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	0.0227	0.0227	0.0227		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	66,044	20,727	45,317	66,044	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0811	0.0811	0.0811		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	235,956	74,051	161,905	235,956	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,422,532	1,100,160	2,322,372	3,422,532	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	-40,230	-4,740	-35,490	-40,230	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	-214,634	-4,579	-210,055	-214,634	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part B Date/Time Prepared: 10/22/2015 4: 43 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,817	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		46,457,154	2.00
3.00	PPS payments		30,968,946	3.00
4.00	Outlier payment (see instructions)		262,559	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		254,945	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,817	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		482,425	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		482,425	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		482,425	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		451,608	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)		30,817	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)		31,486,450	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)		6,421,532	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} (for CAH, see instructions)		25,095,735	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		291,276	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)		25,387,011	30.00
31.00	Primary payer payments		1,606	31.00
32.00	Subtotal (line 30 minus line 31)		25,385,405	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)		1,772,252	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,151,964	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,055,737	36.00
37.00	Subtotal (see instructions)		26,537,369	37.00
38.00	MSP-LCC reconciliation amount from PS&R		16	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)		26,537,353	40.00
40.01	Sequestration adjustment (see instructions)		530,747	40.01
41.00	Interim payments		26,089,340	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-82,734	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		610,642	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E Part B Date/Time Prepared: 10/22/2015 4:43 pm
		Component CCN: 14S228	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,440	2.00
3.00	PPS payments		10,148	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		28	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		10,176	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)		1,866	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} (for CAH, see instructions)		8,310	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)		8,310	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8,310	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)		8,310	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)		8,310	40.00
40.01	Sequestration adjustment (see instructions)		166	40.01
41.00	Interim payments		8,116	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		28	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: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
10/22/2015 4:43 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		44,379,665		26,089,340	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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,379,665		26,089,340	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		1,057,841		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		82,734	6.02
7.00	Total Medicare program liability (see instructions)		45,437,506		26,006,606	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: 140228
Component CCN: 14S228

Period:
From 06/01/2014
To 05/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
10/22/2015 4:43 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,080,200		8,116	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,080,200		8,116	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		25,376		28	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,105,576		8,144	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E-1 Part II Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD 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			17,371 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			21,435 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,175 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			55,938 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,751,050,476 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			21,327,181 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)			1,310,314 8.00
9.00	Sequestration adjustment amount (see instructions)			26,206 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,284,108 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,428,301 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)			-144,193 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E-3 Part II Date/Time Prepared: 10/22/2015 4:43 pm
		Component CCN: 14S228	Title XVII	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)		1,167,165	1.00
2.00	Net IPF PPS Outlier Payments		35,809	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.01	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.46	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.01	8.00
9.00	Average Daily Census (see instructions)		14.008219	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000368	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		430	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,203,404	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)		1,203,404	16.00
17.00	Primary payer payments		4,674	17.00
18.00	Subtotal (line 16 less line 17).		1,198,730	18.00
19.00	Deductibles		167,444	19.00
20.00	Subtotal (line 18 minus line 19)		1,031,286	20.00
21.00	Coinsurance		13,984	21.00
22.00	Subtotal (line 20 minus line 21)		1,017,302	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		162,203	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		105,432	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		122,151	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,122,734	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)		5,405	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)		1,128,139	31.00
31.01	Sequestration adjustment (see instructions)		22,563	31.01
32.00	Interim payments		1,080,200	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)		25,376	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		11,910	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		35,809	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E-4 Date/Time Prepared: 10/22/2015 4:43 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.			15.05	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)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			25.20	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	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.	24.80	0.40	25.20	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.	14.81	0.24	15.05	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	14.81	0.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.49	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.05	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.78	0.08		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	14.78	0.08		17.00
18.00	Per resident amount	88,821.36	84,368.49		18.00
19.00	Approved amount for resident costs	1,312,780	6,749	1,319,529	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			10.15	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,319,529	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,882	6,175		26.00
27.00	Total Inpatient Days (see instructions)	61,992	61,992		27.00
28.00	Ratio of inpatient days to total inpatient days	0.369112	0.099610		28.00
29.00	Program direct GME amount	487,054	131,438		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		18,572		30.00
31.00	Net Program direct GME amount			599,920	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet E-4 Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		49,562,709	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)		25,502	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,537,207	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		46,751,384	42.00
43.00	Primary payer payments (see instructions)		1,606	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		46,749,778	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		96,286,985	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.514475	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.485525	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		599,920	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		308,644	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		291,276	50.00

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

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet G

Date/Time Prepared:
10/22/2015 4:43 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	24,343,548	0	0	0	1.00
2.00	Temporary investments	4,953,583	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	67,838,281	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	9,259,607	0	0	0	7.00
8.00	Prepaid expenses	11,666,902	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	118,061,921	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,662,975	0	0	0	12.00
13.00	Land improvements	8,343,115	0	0	0	13.00
14.00	Accumulated depreciation	-6,913,676	0	0	0	14.00
15.00	Buildings	156,905,766	0	0	0	15.00
16.00	Accumulated depreciation	-64,071,626	0	0	0	16.00
17.00	Leasehold improvements	106,025,407	0	0	0	17.00
18.00	Accumulated depreciation	-59,239,493	0	0	0	18.00
19.00	Fixed equipment	7,909,680	0	0	0	19.00
20.00	Accumulated depreciation	-5,453,226	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	176,168,088	0	0	0	23.00
24.00	Accumulated depreciation	-138,481,658	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)	188,855,352	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	248,755,167	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	248,755,167	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	555,672,440	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,750,723	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	84,038,202	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	90,788,925	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	133,124,467	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,484,026	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	157,608,493	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	248,397,418	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	307,275,022				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)	307,275,022	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	555,672,440	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet G-1

Date/Time Prepared:
10/22/2015 4:43 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		301,416,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,580,852			2.00
3.00	Total (sum of line 1 and line 2)		325,996,852		0	3.00
4.00	ROUNDING	3,656,382		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,656,382		0	10.00
11.00	Subtotal (line 3 plus line 10)		329,653,234		0	11.00
12.00	PERMANENTLY RESTRICTED NET ASSETS	22,378,212		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		22,378,212		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		307,275,022		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	ROUNDING		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	PERMANENTLY RESTRICTED NET ASSETS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/22/2015 4:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	134,437,888		134,437,888	1.00
2.00	SUBPROVIDER - IPF	16,059,028		16,059,028	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
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)	150,496,916		150,496,916	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,457,014		42,457,014	11.00
11.01	PEDIATRIC ICU	0		0	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	42,457,014		42,457,014	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	192,953,930		192,953,930	17.00
18.00	Ancillary services	586,582,618	973,670,849	1,560,253,467	18.00
19.00	Outpatient services	0	0	0	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		5,650,436	5,650,436	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	170,342,464	170,342,464	27.00
27.01	MISC REVENUE	0	378,919	378,919	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	779,536,548	1,150,042,668	1,929,579,216	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		453,353,078		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)		453,353,078		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140228

Period:
From 06/01/2014
To 05/31/2015

Worksheet G-3

Date/Time Prepared:
10/22/2015 4:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,929,579,216	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,467,350,373	2.00
3.00	Net patient revenues (line 1 minus line 2)	462,228,843	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	453,353,078	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,875,765	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,437,405	7.00
8.00	Revenues from telephone and other miscellaneous communication services	4,505	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-300	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	9,211	13.00
14.00	Revenue from meals sold to employees and guests	1,437,814	14.00
15.00	Revenue from rental of living quarters	12,004	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	7,900	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	181,731	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	191	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	13,714,233	24.00
25.00	Total other income (sum of lines 6-24)	18,804,694	25.00
26.00	Total (line 5 plus line 25)	27,680,459	26.00
27.00	BAD DEBTS	3,099,607	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,099,607	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,580,852	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140228

Period: From 06/01/2014

Worksheet H

HHA CCN: 147448

To 05/31/2015

Date/Time Prepared: 10/22/2015 4:43 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,226,916	426,747	3,313	0	385,857	2,042,833	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,471,113	511,684	163,820	0	122,759	2,269,376	6.00
7.00	715,173	248,752	0	0	0	963,925	7.00
8.00	120,447	41,894	0	0	0	162,341	8.00
9.00	4,645	1,616	0	0	0	6,261	9.00
10.00	62,804	21,845	0	0	0	84,649	10.00
11.00	32,732	11,385	0	0	0	44,117	11.00
12.00	0	0	0	0	78,239	78,239	12.00
13.00	0	0	0	0	1,985	1,985	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	6,379	2,219	0	0	12,653	21,251	23.00
24.00	3,640,209	1,266,142	167,133	0	601,493	5,674,977	24.00
	Reclassifi cation	Reclassifi ed 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	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-54,575	1,988,258	4,772	1,993,030	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,269,376	0	2,269,376	0	0	6.00
7.00	0	963,925	0	963,925	0	0	7.00
8.00	0	162,341	0	162,341	0	0	8.00
9.00	0	6,261	0	6,261	0	0	9.00
10.00	0	84,649	0	84,649	0	0	10.00
11.00	0	44,117	0	44,117	0	0	11.00
12.00	0	78,239	0	78,239	0	0	12.00
13.00	0	1,985	0	1,985	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	21,251	0	21,251	0	0	23.00
24.00	-54,575	5,620,402	4,772	5,625,174	0	0	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: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet H-1 Part I Date/Time Prepared: 10/22/2015 4:43 pm
		HHA CCN: 147448	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,993,030	0	0	0	1,993,030	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,269,376	0	0	0	2,269,376	6.00
7.00	Physical Therapy	963,925	0	0	0	963,925	7.00
8.00	Occupational Therapy	162,341	0	0	0	162,341	8.00
9.00	Speech Pathology	6,261	0	0	0	6,261	9.00
10.00	Medical Social Services	84,649	0	0	0	84,649	10.00
11.00	Home Health Aide	44,117	0	0	0	44,117	11.00
12.00	Supplies (see instructions)	78,239	0	0	0	78,239	12.00
13.00	Drugs	1,985	0	0	0	1,985	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	21,251	0	0	0	21,251	23.00
24.00	Total (sum of lines 1-23)	5,625,174	0	0	0	5,625,174	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	1,993,030					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,245,251	3,514,627				6.00
7.00	Physical Therapy	528,925	1,492,850				7.00
8.00	Occupational Therapy	89,080	251,421				8.00
9.00	Speech Pathology	3,436	9,697				9.00
10.00	Medical Social Services	46,449	131,098				10.00
11.00	Home Health Aide	24,208	68,325				11.00
12.00	Supplies (see instructions)	42,931	121,170				12.00
13.00	Drugs	1,089	3,074				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)	11,661	32,912				23.00
24.00	Total (sum of lines 1-23)		5,625,174				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2014 To 05/31/2015	Worksheet H-1 Part II Date/Time Prepared: 10/22/2015 4:43 pm PPS
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,993,030	3,632,144
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,269,376
7.00	Physical Therapy	0	0	0	0	0	963,925
8.00	Occupational Therapy	0	0	0	0	0	162,341
9.00	Speech Pathology	0	0	0	0	0	6,261
10.00	Medical Social Services	0	0	0	0	0	84,649
11.00	Home Health Aide	0	0	0	0	0	44,117
12.00	Supplies (see instructions)	0	0	0	0	0	78,239
13.00	Drugs	0	0	0	0	0	1,985
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	21,251
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,993,030	3,632,144
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,993,030
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.548720

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2014

Worksheet H-2

HHA CCN: 147448

To 05/31/2015

Part I
Date/Time Prepared:
10/22/2015 4:43 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	168,532	265,632	48,735	482,899	120,938	1.00
2.00 Skilled Nursing Care	3,514,627	0	0	28,968	3,543,595	887,465	2.00
3.00 Physical Therapy	1,492,850	0	0	10,726	1,503,576	376,559	3.00
4.00 Occupational Therapy	251,421	0	0	2,742	254,163	63,653	4.00
5.00 Speech Pathology	9,697	0	0	81	9,778	2,449	5.00
6.00 Medical Social Services	131,098	0	0	1,991	133,089	33,331	6.00
7.00 Home Health Aide	68,325	0	0	0	68,325	17,111	7.00
8.00 Supplies (see instructions)	121,170	0	0	0	121,170	30,346	8.00
9.00 Drugs	3,074	0	0	0	3,074	770	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)	32,912	0	0	0	32,912	8,243	19.00
20.00 Total (sum of lines 1-19) (2)	5,625,174	168,532	265,632	93,243	6,152,581	1,540,865	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	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	248,141	0	178,468	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	248,141	0	178,468	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: 140228

Period: From 06/01/2014

Worksheet H-2

HHA CCN: 147448

To 05/31/2015

Part I Date/Time Prepared: 10/22/2015 4:43 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	15,431	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	15,431	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		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	PHARMACY RESIDENCY	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	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: 140228

Period: From 06/01/2014 To 05/31/2015

Worksheet H-2 Part I

HHA CCN: 147448

Date/Time Prepared: 10/22/2015 4:43 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Interns & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.20	23.30	23.40	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	1,030,446	0	1,030,446	1.00
2.00	Skilled Nursing Care	0	0	0	4,446,491	0	4,446,491	2.00
3.00	Physical Therapy	0	0	0	1,880,135	0	1,880,135	3.00
4.00	Occupational Therapy	0	0	0	317,816	0	317,816	4.00
5.00	Speech Pathology	0	0	0	12,227	0	12,227	5.00
6.00	Medical Social Services	0	0	0	166,420	0	166,420	6.00
7.00	Home Health Aide	0	0	0	85,436	0	85,436	7.00
8.00	Supplies (see instructions)	0	0	0	151,516	0	151,516	8.00
9.00	Drugs	0	0	0	3,844	0	3,844	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	41,155	0	41,155	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	8,135,486	0	8,135,486	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	644,877	5,091,368					2.00
3.00	Physical Therapy	272,676	2,152,811					3.00
4.00	Occupational Therapy	46,093	363,909					4.00
5.00	Speech Pathology	1,773	14,000					5.00
6.00	Medical Social Services	24,136	190,556					6.00
7.00	Home Health Aide	12,391	97,827					7.00
8.00	Supplies (see instructions)	21,974	173,490					8.00
9.00	Drugs	557	4,401					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	5,969	47,124					19.00
20.00	Total (sum of lines 1-19) (2)	1,030,446	8,135,486					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.	0.145030						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: 140228
HHA CCN: 147448

Period:
From 06/01/2014
To 05/31/2015

Worksheet H-2
Part II
Date/Time Prepared:
10/22/2015 4:43 pm
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	17,626	17,626	2,399	0	482,899	0	1.00
2.00 Skilled Nursing Care	0	0	1,426	0	3,543,595	0	2.00
3.00 Physical Therapy	0	0	528	0	1,503,576	0	3.00
4.00 Occupational Therapy	0	0	135	0	254,163	0	4.00
5.00 Speech Pathology	0	0	4	0	9,778	0	5.00
6.00 Medical Social Services	0	0	98	0	133,089	0	6.00
7.00 Home Health Aide	0	0	0	0	68,325	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	121,170	0	8.00
9.00 Drugs	0	0	0	0	3,074	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	32,912	0	19.00
20.00 Total (sum of lines 1-19)	17,626	17,626	4,590	0	6,152,581	0	20.00
21.00 Total cost to be allocated	168,532	265,632	93,243	0	1,540,865	0	21.00
22.00 Unit cost multiplier	9.561557	15.070464	20.314379	0	0.250442	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
	1.00 Administrative and General	17,626	0	17,626	0	0	0
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)	17,626	0	17,626	0	0	0	20.00
21.00 Total cost to be allocated	248,141	0	178,468	0	0	0	21.00
22.00 Unit cost multiplier	14.078123	0.000000	10.125269	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period: From 06/01/2014 To 05/31/2015

Worksheet H-2 Part II
Date/Time Prepared: 10/22/2015 4:43 pm
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	5,650,436	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	5,650,436	0	0	20.00
21.00 Total cost to be allocated	0	0	0	15,431	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.002731	0.000000	0.000000	22.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2014
To 05/31/2015

Worksheet H-2
Part II
Date/Time Prepared:
10/22/2015 4:43 pm
PPS

Cost Center Description	PARAMED ED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED ED - PARAMEDICAL TECHS (ASSIGNED TIME)		
	23.30	23.40		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet H-3 Part I Date/Time Prepared: 10/22/2015 4:43 pm		
				HHA CCN: 147448	Title XVIII Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,091,368		5,091,368	16,369	311.04	1.00
2.00	Physical Therapy	3.00	2,152,811	0	2,152,811	7,808	275.72	2.00
3.00	Occupational Therapy	4.00	363,909	0	363,909	2,272	160.17	3.00
4.00	Speech Pathology	5.00	14,000	0	14,000	445	31.46	4.00
5.00	Medical Social Services	6.00	190,556		190,556	270	705.76	5.00
6.00	Home Health Aide	7.00	97,827		97,827	821	119.16	6.00
7.00	Total (sum of lines 1-6)		7,910,471	0	7,910,471	27,985		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description								
Cost Limits CBSA No. (1) Part A								
0 1.00 2.00 3.00 4.00 5.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care		40420	0	7,032			8.00
8.01	Skilled Nursing Care		99914	0	1,079			8.01
8.02	Skilled Nursing Care		16974	0	72			8.02
8.03	Skilled Nursing Care		50184	0	5			8.03
8.04	Skilled Nursing Care		20994	0	9			8.04
9.00	Physical Therapy		40420	0	3,577			9.00
9.01	Physical Therapy		99914	0	465			9.01
9.02	Physical Therapy		16974	0	24			9.02
9.03	Physical Therapy		50184	0	0			9.03
9.04	Physical Therapy		20994	0	2			9.04
10.00	Occupational Therapy		40420	0	1,013			10.00
10.01	Occupational Therapy		99914	0	52			10.01
10.02	Occupational Therapy		16974	0	4			10.02
10.03	Occupational Therapy		50184	0	0			10.03
10.04	Occupational Therapy		20994	0	0			10.04
11.00	Speech Pathology		40420	0	148			11.00
11.01	Speech Pathology		99914	0	18			11.01
11.02	Speech Pathology		16974	0	0			11.02
11.03	Speech Pathology		50184	0	0			11.03
11.04	Speech Pathology		20994	0	0			11.04
12.00	Medical Social Services		40420	0	139			12.00
12.01	Medical Social Services		99914	0	13			12.01
12.02	Medical Social Services		16974	0	0			12.02
12.03	Medical Social Services		50184	0	0			12.03
12.04	Medical Social Services		20994	0	0			12.04
13.00	Home Health Aide		40420	0	559			13.00
13.01	Home Health Aide		99914	0	32			13.01
13.02	Home Health Aide		16974	0	3			13.02
13.03	Home Health Aide		50184	0	0			13.03
13.04	Home Health Aide		20994	0	0			13.04
14.00	Total (sum of lines 8-13)			0	14,246			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (col. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 + col. 4)								
0 1.00 2.00 3.00 4.00 5.00								
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	173,490	0	173,490	0	0.000000	15.00
16.00	Cost of Drugs	9.00	4,401	0	4,401	0	0.000000	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2014
To 05/31/2015

Worksheet H-3
Part I
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Title XVII I

Home Health
Agency I

Cost Center Description	Program Visits			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not 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	8,197		0	2,549,595	1.00
2.00	Physical Therapy	0	4,068		0	1,121,629	2.00
3.00	Occupational Therapy	0	1,069		0	171,222	3.00
4.00	Speech Pathology	0	166		0	5,222	4.00
5.00	Medical Social Services	0	152		0	107,276	5.00
6.00	Home Health Aide	0	594		0	70,781	6.00
7.00	Total (sum of lines 1-6)	0	14,246		0	4,025,725	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
14.00	Total (sum of lines 8-13)						14.00
Program Covered Charges							
Cost Center Description	Program Covered Charges			Cost of Services		Subject to Deductibles & Coinsurance	
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				Not 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			15.00
16.00	Cost of Drugs		140	0		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2014
To 05/31/2015

Worksheet H-3
Part I
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Title XVII I

Home Health
Agency I

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	2,549,595		1.00
2.00	Physical Therapy	1,121,629		2.00
3.00	Occupational Therapy	171,222		3.00
4.00	Speech Pathology	5,222		4.00
5.00	Medical Social Services	107,276		5.00
6.00	Home Health Aide	70,781		6.00
7.00	Total (sum of lines 1-6)	4,025,725		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
8.04	Skilled Nursing Care			8.04
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
9.04	Physical Therapy			9.04
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
10.04	Occupational Therapy			10.04
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
11.04	Speech Pathology			11.04
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
12.04	Medical Social Services			12.04
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
13.04	Home Health Aide			13.04
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228

Period:

Worksheet H-3

HHA CCN: 147448

From 06/01/2014

Part II

To 05/31/2015

Date/Time Prepared:

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.256101	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.103675	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.063719	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2014 To 05/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
		Part A Services	Part B Services	
		1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	2,546,015	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	17,960	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	65,607	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	18,629	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	1,971	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	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	2,650,182	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,650,182	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	2,650,182	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	2,650,182	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	2,650,182	31.00
31.01	Sequestration adjustment (see instructions)	0	53,003	31.01
32.00	Interim payments (see instructions)	0	2,597,316	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	-137	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

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

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2014
To 05/31/2015

Worksheet H-5
Date/Time Prepared:
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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		2,597,316	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		2,597,316	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		137	6.02
7.00	Total Medicare program liability (see instructions)		0		2,597,179	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140228	Period: From 06/01/2014 To 05/31/2015	Worksheet L Parts I-III Date/Time Prepared: 10/22/2015 4:43 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,909,448	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		211,084	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)		155.83	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.27	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		66,044	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.75	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.77	8.00
9.00	Sum of lines 7 and 8		38.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.11	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		235,956	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,422,532	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