

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: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/30/2015 6:31 am
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<b>PART I - COST REPORT STATUS</b>			
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: 11/30/2015	Time: 6:31 am
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 ALEXIAN BROTHERS MEDICAL CENTER ( 140258 ) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	890,020	118,286	-83,989	0	1.00
2.00 Subprovider - IPF	0	25,246	0		0	2.00
3.00 Subprovider - IRF	0	123,568	623		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	0		0	9.00
200.00 Total	0	1,038,834	118,909	-83,989	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: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/30/2015 6:30 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60007-3397		County: COOK		1.00
1.00	Street: 800 BIESTERFIELD ROAD	2.00		3.00		4.00		5.00		2.00
2.00	City: ELK GROVE VILLAGE									

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ALEXIAN BROTHERS MEDICAL CENTER	140258	16980	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ABMC OLDER ADULT BEHAVIORAL HEALTH	14S258	16980	4	07/01/2014	N	P	O	4.00
5.00	Subprovider - IRF	ALEXIAN REHABILITATION UNIT	14T258	16980	5	01/01/1980	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16980		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ALEXIAN BROTHERS HOSPICE	141632	16980		01/01/1976				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2014	06/30/2015				20.00
21.00	Type of Control (see instructions)					1					21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	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.	5,199	2,173	0	0	5,835	0	24.00

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	422	487	0	0	662		25.00	
				Urban/Rural S		Date of Geogr			
				1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
				Beginning:		Ending:			
				1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
				Y/N		Y/N			
				1.00		2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
				V		XVI I I		XI X	
				1.00		2.00		3.00	
				Prospective Payment System (PPS)-Capital					
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
				Teaching Hospitals					
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
				Y/N		IME		Direct GME	
				1.00		2.00		3.00	
								IME	
								Direct GME	
								4.00	
								5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					N			61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00		0.00				61.02

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						1.00				
<b>Long Term Care Hospital PPS</b>										
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.						N	81.00		
<b>TEFRA Providers</b>										
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00		
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.						N	87.00		
						V 1.00	XIX 2.00			
<b>Title V and XIX Services</b>										
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.						N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.						N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.							N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.						N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.						N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.						N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	97.00	
<b>Rural Providers</b>										
105.00	Does this hospital qualify as a critical access hospital (CAH)?						N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)								106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.								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	109.00	
						1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.						N		110.00	
						1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>										
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.						N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.						N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.						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:						1,036,193	0	0	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/30/2015 6:30 am		
		1.00	2.00			
118.00	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		118.00		
DO NOT USE THIS LINE						
119.00	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	119.00		
120.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		120.00		
Transplant Center Information						
121.00	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		121.00		
122.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			122.00		
123.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			123.00		
124.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			124.00		
125.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			125.00		
126.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			130.00		
All Providers						
131.00	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	149019	131.00		
		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: ALEXIAN BROTHERS HOSPITAL NETWORK	Contractor's Name: WPS	Contractor's Number: 05001	141.00		
142.00	Street: 3040 SALT CREEK LANE	PO Box:		142.00		
143.00	City: ARLINGTON HEIGHTS	State: IL	Zip Code: 60005	143.00		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00		
				1.00		
				2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00		
				1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00		
		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/30/2015 6:30 am		
							1.00	
<b>Multi campus</b>								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/30/2015 6:30 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00		2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		11/12/2014	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/30/2015 6:30 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		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.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY		LEONE	41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT&CONSULTING, INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	11/12/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	93,805	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		353				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: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	34,791	3,980	65,390			1.00
2.00 HMO and other (see instructions)	6,899	3,731				2.00
3.00 HMO IPF Subprovider	154	107				3.00
4.00 HMO IRF Subprovider	791	624				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)	34,791	3,980	65,390			7.00
8.00 INTENSIVE CARE UNIT	3,934	359	9,000			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,824	5,326			13.00
14.00 Total (see instructions)	38,725	6,163	79,716	0.00	1,745.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,135	187	5,197	0.00	31.31	16.00
17.00 SUBPROVIDER - IRF	15,195	669	21,694	0.00	108.03	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	53,763	14,495	68,258	0.00	71.32	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	50.82	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	2,006.66	27.00
28.00 Observation Bed Days		0	7,674			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140258

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,991	1,436	16,327	1.00
2.00 HMO and other (see instructions)			1,206	1,008		2.00
3.00 HMO IPF Subprovider				7		3.00
4.00 HMO IRF Subprovider				43		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,991	1,436	16,327	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	297	14	382	16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,120	50	1,611	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet S-3 Part II Date/Time Prepared: 11/30/2015 6:30 am		
	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			
<b>PART II - WAGE DATA</b>									
<b>SALARIES</b>									
1.00	Total salaries (see instructions)	200.00	136,652,231	0	136,652,231	4,170,517.00	32.77		
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00		
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00		
5.00	Physician-Part B		0	0	0	0.00	0.00		
6.00	Non-physician-Part B		0	0	0	0.00	0.00		
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00		
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		
8.00	Home office personnel		294,721	0	294,721	1,573.00	187.36		
9.00	SNF	44.00	0	0	0	0.00	0.00		
10.00	Excluded area salaries (see instructions)		18,774,848	0	18,774,848	616,012.00	30.48		
<b>OTHER WAGES &amp; RELATED COSTS</b>									
11.00	Contract labor: Direct Patient Care		3,423,804	0	3,423,804	18,837.00	181.76		
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		3,357,942	0	3,357,942	22,386.00	150.00		
14.00	Home office salaries & wage-related costs		41,477,250	0	41,477,250	651,734.00	63.64		
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		
<b>WAGE-RELATED COSTS</b>									
17.00	Wage-related costs (core) (see instructions)		28,857,596	0	28,857,596				
18.00	Wage-related costs (other) (see instructions)		0	0	0				
19.00	Excluded areas		4,880,502	0	4,880,502				
20.00	Non-physician anesthetist Part A		0	0	0				
21.00	Non-physician anesthetist Part B		0	0	0				
22.00	Physician Part A - Administrative		0	0	0				
22.01	Physician Part A - Teaching		0	0	0				
23.00	Physician Part B		0	0	0				
24.00	Wage-related costs (RHC/FQHC)		0	0	0				
25.00	Interns & residents (in an approved program)		0	0	0				
<b>OVERHEAD COSTS - DIRECT SALARIES</b>									
26.00	Employee Benefits Department	4.00	863	0	863	21.00	41.10		
27.00	Administrative & General	5.00	8,818,594	-533,315	8,285,279	308,366.00	26.87		
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00		
29.00	Maintenance & Repairs	6.00	939,555	0	939,555	58,203.00	16.14		
30.00	Operation of Plant	7.00	1,356,655	0	1,356,655	48,920.00	27.73		
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00		
32.00	Housekeeping	9.00	0	0	0	0.00	0.00		
33.00	Housekeeping under contract (see instructions)		4,413,170	0	4,413,170	195,476.00	22.58		
34.00	Dietary	10.00	68,842	-29,126	39,716	1,119.00	35.49		
35.00	Dietary under contract (see instructions)		5,739,964	0	5,739,964	218,852.00	26.23		
36.00	Cafeteria	11.00	0	29,126	29,126	821.00	35.48		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	1,880,246	0	1,880,246	35,876.00	52.41		
39.00	Central Services and Supply	14.00	815,759	0	815,759	45,826.00	17.80		
40.00	Pharmacy	15.00	4,341,967	0	4,341,967	104,452.00	41.57		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140258

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 3,054,626	0	3,054,626	106,885.00	28.58	41.00
42.00	Social Service	17.00 2,029,937	533,315	2,563,252	57,535.00	44.55	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140258

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/30/2015 6:30 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	146,510,644	0	146,510,644	4,583,272.00	31.97	1.00
2.00	Excluded area salaries (see instructions)	18,774,848	0	18,774,848	616,012.00	30.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	127,735,796	0	127,735,796	3,967,260.00	32.20	3.00
4.00	Subtotal other wages & related costs (see inst.)	48,258,996	0	48,258,996	692,957.00	69.64	4.00
5.00	Subtotal wage-related costs (see inst.)	28,857,596	0	28,857,596	0.00	22.59	5.00
6.00	Total (sum of lines 3 thru 5)	204,852,388	0	204,852,388	4,660,217.00	43.96	6.00
7.00	Total overhead cost (see instructions)	33,460,178	0	33,460,178	1,182,352.00	28.30	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/30/2015 6:30 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,213,588 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,063,658 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			15,785,313 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			933,864 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			357,580 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)			1,109,111 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			897,015 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			9,967,157 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			84,233 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			326,580 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>33,738,099 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	<b>OTHER WAGE RELATED COST</b>			<b>0 25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	3,423,804	33,738,098	1.00
2.00	Hospital	3,423,804	28,857,596	2.00
3.00	Subprovider - IPF	0	512,386	3.00
4.00	Subprovider - IRF	0	1,770,363	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	1,390,539	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	832,302	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	374,912	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140258 Component CCN: 147583		Period: From 07/01/2014 To 06/30/2015		Worksheet S-4 Date/Time Prepared: 11/30/2015 6:30 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County	COOK				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	3,880	0	380	4,260	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	2,230.00	0.00	1,062.00	3,292.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				16.51	0.00	5.00
6.00	Direct Nursing Service				25.87	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				16.22	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				4.52	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				3.48	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.59	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				4.12	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				16974		20.00
20.01					20994		20.01
20.02					29404		20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	24,654	609	679	251	26,193	21.00
22.00	Skilled Nursing Visit Charges	4,191,200	103,530	115,430	42,500	4,452,660	22.00
23.00	Physical Therapy Visits	14,956	248	261	204	15,669	23.00
24.00	Physical Therapy Visit Charges	2,841,640	47,120	49,590	38,760	2,977,110	24.00
25.00	Occupational Therapy Visits	4,421	142	25	56	4,644	25.00
26.00	Occupational Therapy Visit Charges	839,990	26,980	4,750	10,640	882,360	26.00
27.00	Speech Pathology Visits	1,081	114	6	2	1,203	27.00
28.00	Speech Pathology Visit Charges	205,390	21,660	1,140	380	228,570	28.00
29.00	Medical Social Service Visits	568	31	2	7	608	29.00
30.00	Medical Social Service Visit Charges	119,280	6,510	420	1,470	127,680	30.00
31.00	Home Health Aide Visits	5,033	383	8	22	5,446	31.00
32.00	Home Health Aide Visit Charges	603,960	45,960	960	2,640	653,520	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	50,713	1,527	981	542	53,763	33.00
34.00	Other Charges	134,180	4,563	2,675	934	142,352	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	8,935,640	256,323	174,965	97,324	9,464,252	35.00
36.00	Total Number of Episodes (standard/non outlier)	2,852		352	50	3,254	36.00
37.00	Total Number of Outlier Episodes		31		0	31	37.00
38.00	Total Non-Routine Medical Supply Charges	93,079	9,984	6,473	871	110,407	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140258 Component CCN: 141632	Period: From 07/01/2014 To 06/30/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 11/30/2015 6:30 am
		Hospice I		

	Unduplicated Days	Hospice I					Total (sum of col.s. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1.00	2.00	3.00	4.00	5.00		
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	19,798	283	3,327	51	1,175	21,256	2.00
3.00	Inpatient Respite Care	225	1	186	1	14	240	3.00
4.00	General Inpatient Care	2,439	170	2,124	155	336	2,945	4.00
5.00	Total Hospice Days	22,462	454	5,637	207	1,525	24,441	5.00
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	748	34	529	28	99	881	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	22,031.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	30.03	13.35	10.66	7.39	15.40	27.74	8.00
9.00	Unduplicated Census Count	748	33	494	27	17	798	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/30/2015 6:30 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.202114	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		31,947,522	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		200,801,813	6.00	
7.00	Medicaid cost (line 1 times line 6)		40,584,858	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)		8,637,336	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)		8,637,336	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	23,820,931	283,152	24,104,083	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,814,544	57,229	4,871,773	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)	4,814,544	57,229	4,871,773	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)		13,928,000	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,446,810	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		12,481,190	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,522,623	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,394,396	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,031,732	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet A	
Date/Time Prepared: 11/30/2015 6:30 am							
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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		14,107,969	14,107,969	1,210,796	15,318,765	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,180,738	6,180,738	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	863	22,682,620	22,683,483	0	22,683,483	4.00
5.01 00540	NONPATIENT TELEPHONES	584,333	311,432	895,765	0	895,765	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	1,547,657	1,547,657	-273,658	1,273,999	5.03
5.04 00570	ADMINITTING	1,795,752	183,843	1,979,595	0	1,979,595	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	926,860	130,986	1,057,846	0	1,057,846	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	5,511,649	92,090,694	97,602,343	-390,636	97,211,707	5.06
6.00 00600	MAINTENANCE & REPAIRS	939,555	728,948	1,668,503	0	1,668,503	6.00
7.00 00700	OPERATION OF PLANT	1,356,655	4,932,759	6,289,414	-213	6,289,201	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	1,282,840	1,282,840	8.00
9.00 00900	HOUSEKEEPING	0	6,021,587	6,021,587	-1,282,840	4,738,747	9.00
10.00 01000	DIETARY	68,842	6,927,399	6,996,241	-2,141,140	4,855,101	10.00
11.00 01100	CAFETERIA	0	1,127,621	1,127,621	2,141,120	3,268,741	11.00
13.00 01300	NURSING ADMINISTRATION	1,880,246	289,664	2,169,910	-23	2,169,887	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	815,759	315,984	1,131,743	-4,471	1,127,272	14.00
15.00 01500	PHARMACY	4,341,967	19,776,496	24,118,463	-18,958,875	5,159,588	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,054,626	1,237,860	4,292,486	0	4,292,486	16.00
17.00 01700	SOCIAL SERVICE	2,029,937	245,697	2,275,634	540,311	2,815,945	17.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	309,427	85,301	394,728	0	394,728	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	31,505,569	6,877,118	38,382,687	-42,067	38,340,620	30.00
31.00 03100	INTENSIVE CARE UNIT	7,648,173	1,965,989	9,614,162	-468,338	9,145,824	31.00
40.00 04000	SUBPROVIDER - I PF	1,477,209	435,401	1,912,610	62,734	1,975,344	40.00
41.00 04100	SUBPROVIDER - I RF	6,277,795	8,607,220	14,885,015	188,201	15,073,216	41.00
43.00 04300	NURSERY	1,154,372	695,412	1,849,784	-33,412	1,816,372	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	8,000,225	12,547,177	20,547,402	-8,216,495	12,330,907	50.00
50.01 05001	GAMMA KNIFE	390,797	1,921,162	2,311,959	-2,505	2,309,454	50.01
50.02 03330	ENDOSCOPY	1,855,810	1,918,707	3,774,517	-880,955	2,893,562	50.02
51.00 05100	RECOVERY ROOM	1,561,259	227,173	1,788,432	-41,146	1,747,286	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,234,835	703,988	2,938,823	-250,283	2,688,540	52.00
53.00 05300	ANESTHESIOLOGY	0	896,292	896,292	-467,454	428,838	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,055,749	492,538	2,548,287	-50,722	2,497,565	54.00
54.01 03630	ULTRA SOUND	1,162,339	139,836	1,302,175	-14,988	1,287,187	54.01
54.02 05401	PET SCAN	112,388	355,325	467,713	-3,253	464,460	54.02
54.03 03480	ONCOLOGY	1,154,001	227,624	1,381,625	-34,507	1,347,118	54.03
54.04 03440	MAMMOGRAPHY	884,034	435,927	1,319,961	-90,336	1,229,625	54.04
56.00 05600	RADIOISOTOPE	405,480	1,030,213	1,435,693	-4,703	1,430,990	56.00
57.00 05700	CT SCAN	1,215,646	381,050	1,596,696	-180,824	1,415,872	57.00
58.00 05800	MRI	897,483	561,049	1,458,532	-145,276	1,313,256	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,042,080	17,244,978	21,287,058	-14,761,318	6,525,740	59.00
60.00 06000	LABORATORY	6,272,355	7,986,388	14,258,743	-21,478	14,237,265	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	554,315	1,536,099	2,090,414	-3,508	2,086,906	63.00
64.00 06400	INTRAVENOUS THERAPY	973,522	577,399	1,550,921	-419,796	1,131,125	64.00
65.00 06500	RESPIRATORY THERAPY	2,434,499	687,786	3,122,285	-37,518	3,084,767	65.00
66.00 06600	PHYSICAL THERAPY	2,913,785	353,357	3,267,142	-685	3,266,457	66.00
66.01 06601	REHAB OUTPATIENT	1,865,026	238,665	2,103,691	-1,043	2,102,648	66.01
66.02 06602	REHAB MED SURGICAL	1,808,495	169,167	1,977,662	-556	1,977,106	66.02
69.00 06900	ELECTROCARDIOLOGY	738,778	189,217	927,995	-3,153	924,842	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	176,422	122,036	298,458	0	298,458	70.00
70.01 07001	NEUROMEG	0	-104,263	-104,263	-54,182	-158,445	70.01
70.02 07002	SLEEP LAB	591,561	125,544	717,105	-13,088	704,017	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,574,932	19,574,932	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,824,048	13,824,048	9,075,506	22,899,554	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,610,677	18,610,677	73.00
74.00 07400	RENAL DIALYSIS	36,494	1,026,765	1,063,259	-3,360	1,059,899	74.00
76.97 07697	CARDIAC REHABILITATION	373,114	70,154	443,268	-5,933	437,335	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	1,325,881	971,307	2,297,188	-650,666	1,646,522	90.00
90.01 09001	DAY REHAB	739,271	112,738	852,009	-62	851,947	90.01
90.02 09002	IMAGING CENTERS	726,979	568,169	1,295,148	-31,899	1,263,249	90.02
90.03 09003	COUMADIN CLINIC	175,576	53,689	229,265	0	229,265	90.03
90.04 09004	WOUND CLINIC	672,506	1,036,547	1,709,053	-767,713	941,340	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	1,118,294	882,423	2,000,717	-40,425	1,960,292	90.05
91.00 09100	EMERGENCY	4,793,226	3,163,303	7,956,529	-735,000	7,221,529	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet A Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,582,598	1,621,602	8,204,200	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		7,337,352	7,337,352	-7,337,352	113.00
116.00	11600	HOSPICE	3,111,445	2,138,073	5,249,518	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	135,635,857	275,096,261	410,732,118	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137,468	223,763	361,231	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	878,906	4,040,552	4,919,458	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	136,652,231	279,360,576	416,012,807	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet A Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	12,200,077	27,518,842	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,277,551	903,187	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	347,715	23,031,198	4.00
5.01	00540	NONPATIENT TELEPHONES	-364,965	530,800	5.01
5.02	00550	DATA PROCESSING	17,751,431	17,751,431	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,212,926	3,486,925	5.03
5.04	00570	ADMINITTING	0	1,979,595	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,203,094	6,260,940	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-45,178,764	52,032,943	5.06
6.00	00600	MAINTENANCE & REPAIRS	-233,916	1,434,587	6.00
7.00	00700	OPERATION OF PLANT	5,678,294	11,967,495	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,282,840	8.00
9.00	00900	HOUSEKEEPING	0	4,738,747	9.00
10.00	01000	DIETARY	-9,206	4,845,895	10.00
11.00	01100	CAFETERIA	-1,703,592	1,565,149	11.00
13.00	01300	NURSING ADMINISTRATION	-6,772	2,163,115	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,127,272	14.00
15.00	01500	PHARMACY	0	5,159,588	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	312,922	4,605,408	16.00
17.00	01700	SOCIAL SERVICE	0	2,815,945	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-5,280	389,448	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-106,878	38,233,742	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,145,824	31.00
40.00	04000	SUBPROVIDER - I/PF	0	1,975,344	40.00
41.00	04100	SUBPROVIDER - I/RF	0	15,073,216	41.00
43.00	04300	NURSERY	-449,522	1,366,850	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	12,330,907	50.00
50.01	05001	GAMMA KNIFE	-22,500	2,286,954	50.01
50.02	03330	ENDOSCOPY	0	2,893,562	50.02
51.00	05100	RECOVERY ROOM	0	1,747,286	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,688,540	52.00
53.00	05300	ANESTHESIOLOGY	0	428,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,801	2,489,764	54.00
54.01	03630	ULTRA SOUND	0	1,287,187	54.01
54.02	05401	PET SCAN	0	464,460	54.02
54.03	03480	ONCOLOGY	0	1,347,118	54.03
54.04	03440	MAMMOGRAPHY	0	1,229,625	54.04
56.00	05600	RADIOISOTOPE	0	1,430,990	56.00
57.00	05700	CT SCAN	0	1,415,872	57.00
58.00	05800	MRI	0	1,313,256	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,811	6,520,929	59.00
60.00	06000	LABORATORY	-2,563,631	11,673,634	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-32	2,086,874	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,131,125	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,084,767	65.00
66.00	06600	PHYSICAL THERAPY	0	3,266,457	66.00
66.01	06601	REHAB OUTPATIENT	-3,756	2,098,892	66.01
66.02	06602	REHAB MED SURGICAL	0	1,977,106	66.02
69.00	06900	ELECTROCARDIOLOGY	0	924,842	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,380	294,078	70.00
70.01	07001	NEUROLOG	506,329	347,884	70.01
70.02	07002	SLEEP LAB	0	704,017	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,574,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,899,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,610,677	73.00
74.00	07400	RENAL DIALYSIS	0	1,059,899	74.00
76.97	07697	CARDIAC REHABILITATION	-705	436,630	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	1,646,522	90.00
90.01	09001	DAY REHAB	0	851,947	90.01
90.02	09002	IMAGING CENTERS	0	1,263,249	90.02
90.03	09003	COMBINATION CLINIC	0	229,265	90.03
90.04	09004	WOUND CLINIC	19,718	961,058	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	-4,073	1,956,219	90.05
91.00	09100	EMERGENCY	0	7,221,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140258

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

Worksheet A  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	
			0	8,204,200	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	5,249,518	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,715,629	399,016,489	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	361,231	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,690,684	2,228,774	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-14,406,313	401,606,494	200.00

RECLASSIFICATIONS

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2015 6:30 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,610,677	1.00
	TOTALS		0	18,610,677	
<b>B - BED RENTALS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	577,673	1.00
2.00	SUBPROVIDER - IPF	40.00	0	62,734	2.00
3.00	SUBPROVIDER - IRF	41.00	0	188,201	3.00
	TOTALS		0	828,608	
<b>C - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,282,840	1.00
	TOTALS		0	1,282,840	
<b>D - PASTORAL CARE</b>					
1.00	SOCIAL SERVICE	17.00	533,315	67,435	1.00
	TOTALS		533,315	67,435	
<b>E - SHARED DIETARY</b>					
1.00	CAFETERIA	11.00	29,126	2,111,994	1.00
	TOTALS		29,126	2,111,994	
<b>F - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,126,556	1.00
	TOTALS		0	6,126,556	
<b>G - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,192,700	1.00
2.00	OPERATING ROOM	50.00	0	47	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	9,192,747	
<b>H - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,279,557	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	554,950	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	149,675	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
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2015 6:30 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
44.00			0.00	0	0	44.00
45.00			0.00	0	0	45.00
TOTALS				0	20,984,182	
I - NEUROMEG CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		0	54,182	1.00
TOTALS				0	54,182	
J - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00		0	7,337,352	1.00
TOTALS				0	7,337,352	
K - E H R FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.06		0	60,439	1.00
TOTALS				0	60,439	
500.00	Grand Total: Increases			562,441	66,657,012	500.00

RECLASSIFICATIONS

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2015 6:30 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	18,610,677	0		1.00
	TOTALS		0	18,610,677			
<b>B - BED RENTALS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	828,608	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	828,608			
<b>C - LAUNDRY</b>							
1.00	HOUSEKEEPING	9.00	0	1,282,840	0		1.00
	TOTALS		0	1,282,840			
<b>D - PASTORAL CARE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	533,315	67,435	0		1.00
	TOTALS		533,315	67,435			
<b>E - SHARED DIETARY</b>							
1.00	DIETARY	10.00	29,126	2,111,994	0		1.00
	TOTALS		29,126	2,111,994			
<b>F - EQUIPMENT DEPRECIATION</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,126,556	9		1.00
	TOTALS		0	6,126,556			
<b>G - IMPLANTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	799	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,055	0		2.00
3.00	ENDOSCOPY	50.02	0	79,746	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	8,384,917	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	195	0		5.00
6.00	CLINIC	90.00	0	75,046	0		6.00
7.00	WOUND CLINIC	90.04	0	650,989	0		7.00
	TOTALS		0	9,192,747			
<b>H - SUPPLIES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	554,950	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	149,675	0		2.00
3.00	OPERATION OF PLANT	7.00	0	213	0		3.00
4.00	DIETARY	10.00	0	20	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	23	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,672	0		6.00
7.00	PHARMACY	15.00	0	348,198	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	619,740	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	467,283	0		9.00
12.00	NURSERY	43.00	0	33,412	0		12.00
13.00	OPERATING ROOM	50.00	0	8,216,542	0		13.00
14.00	GAMMA KNIFE	50.01	0	2,505	0		14.00
15.00	ENDOSCOPY	50.02	0	801,209	0		15.00
16.00	RECOVERY ROOM	51.00	0	41,146	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	250,283	0		17.00
18.00	ANESTHESIOLOGY	53.00	0	467,454	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,722	0		19.00
20.00	ULTRA SOUND	54.01	0	14,988	0		20.00
21.00	PET SCAN	54.02	0	3,253	0		21.00
22.00	ONCOLOGY	54.03	0	34,507	0		22.00
23.00	MAMMOGRAPHY	54.04	0	90,336	0		23.00
24.00	RADIOISOTOPE	56.00	0	4,703	0		24.00
25.00	CT SCAN	57.00	0	180,824	0		25.00
26.00	MRI	58.00	0	145,276	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	6,376,401	0		27.00
28.00	LABORATORY	60.00	0	21,478	0		28.00
29.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,508	0		29.00
30.00	INTRAVENOUS THERAPY	64.00	0	419,796	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	37,518	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	490	0		32.00
33.00	REHAB OUTPATIENT	66.01	0	1,043	0		33.00
34.00	REHAB MED SURGICAL	66.02	0	556	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	3,153	0		35.00
36.00	SLEEP LAB	70.02	0	13,088	0		36.00
37.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	117,194	0		37.00
38.00	RENAL DIALYSIS	74.00	0	3,360	0		38.00
39.00	CARDIAC REHABILITATION	76.97	0	5,933	0		39.00
40.00	CLINIC	90.00	0	575,620	0		40.00
41.00	DAY REHAB	90.01	0	62	0		41.00

Provider CCN: 140258

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

Worksheet A-6  
Date/Time Prepared:  
11/30/2015 6:30 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
42.00	IMAGING CENTERS	90.02	0	31,899	0		42.00	
43.00	WOUND CLINIC	90.04	0	116,724	0		43.00	
44.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	40,425	0		44.00	
45.00	EMERGENCY	91.00	0	735,000	0		45.00	
	TOTALS		0	20,984,182				
I - NEUROMEG CAPITAL								
1.00	NEUROMEG	70.01	0	54,182	9		1.00	
	TOTALS		0	54,182				
J - INTEREST EXPENSE								
1.00	INTEREST EXPENSE	113.00	0	7,337,352	11		1.00	
	TOTALS		0	7,337,352				
K - E H R FEES								
1.00	SOCIAL SERVICE	17.00	0	60,439	0		1.00	
	TOTALS		0	60,439				
500.00	Grand Total: Decreases		562,441	66,657,012			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0	0	0	0	1.00
2.00	Land Improvements	274,494	251,002	0	251,002	0	2.00
3.00	Buildings and Fixtures	180,654,412	0	0	0	0	3.00
4.00	Building Improvements	10,362,980	935,718	0	935,718	0	4.00
5.00	Fixed Equipment	1,878,132	94,584	0	94,584	0	5.00
6.00	Movable Equipment	44,644,347	6,157,171	0	6,157,171	3,047	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	247,914,365	7,438,475	0	7,438,475	3,047	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	247,914,365	7,438,475	0	7,438,475	3,047	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0				1.00
2.00	Land Improvements	525,496	0				2.00
3.00	Buildings and Fixtures	180,654,412	0				3.00
4.00	Building Improvements	11,298,698	0				4.00
5.00	Fixed Equipment	1,972,716	0				5.00
6.00	Movable Equipment	50,798,471	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	255,349,793	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	255,349,793	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,107,969	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,107,969	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	14,107,969				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,107,969				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	194,451,106	0	194,451,106	0.792870	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,798,687	0	50,798,687	0.207130	0	2.00
3.00	Total (sum of lines 1-2)	245,249,793	0	245,249,793	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	20,361,005	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	903,187	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,264,192	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	7,157,837	0	0	0	27,518,842	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	903,187	2.00
3.00	Total (sum of lines 1-2)	7,157,837	0	0	0	28,422,029	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140258

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

Worksheet A-8

Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-179,515	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)		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	-592,590			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	-2,458,170			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,703,337	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-4,698	MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130	CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,277,551	CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 NEUROMEG OPERATING	A	426,325	NEUROMEG	70.01	0 33.00
34.01		0		0.00	0 34.01

Provider CCN: 140258

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

Worksheet A-8  
Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.02		0			0.00	0 34.02
34.03	WEIGHT MANAGEMENT	A	-225,717	ADMINISTRATIVE AND GENERAL	5.06	0 34.03
34.05	NON ALLOW PATIENT TRANSPORTATIO	A	-91,182	MAINTENANCE & REPAIRS	6.00	0 34.05
35.00	ALCOHOL	A	-5,513	ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00	REAL ESTATE TAXES	A	-139,355	MAINTENANCE & REPAIRS	6.00	0 36.00
36.01	REAL ESTATE TAXES	A	-58,391	PHYSICIANS' PRIVATE OFFICES	192.00	0 36.01
36.02	REAL ESTATE TAXES	A	-288,915	PHYSICIANS' PRIVATE OFFICES	192.00	0 36.02
36.03	REAL ESTATE TAXES	A	-115,648	PHYSICIANS' PRIVATE OFFICES	192.00	0 36.03
36.04	REAL ESTATE TAXES	A	-95,194	ADMINISTRATIVE AND GENERAL	5.06	0 36.04
37.00			0		0.00	0 37.00
38.00	MI SCCELLANEOUS INCOME	B	-744	LABORATORY	60.00	0 38.00
38.01	MI SCCELLANEOUS INCOME	B	-843,099	LABORATORY	60.00	0 38.01
38.02	MI SCCELLANEOUS INCOME	B	-100,459	LABORATORY	60.00	0 38.02
38.03	MI SCCELLANEOUS INCOME	B	-759,656	LABORATORY	60.00	0 38.03
38.04	MI SCCELLANEOUS INCOME	B	-365,587	LABORATORY	60.00	0 38.04
38.05	MI SCCELLANEOUS INCOME	B	-114,090	LABORATORY	60.00	0 38.05
38.06	MI SCCELLANEOUS INCOME	B	-282,915	LABORATORY	60.00	0 38.06
38.07	MI SCCELLANEOUS INCOME	B	-32	BLOOD STORING, PROCESSING & TRANS.	63.00	0 38.07
38.08	MI SCCELLANEOUS INCOME	B	80,004	NEUROMEG	70.01	0 38.08
38.09	REFERENCE LAB REVENUE	B	-85,075	LABORATORY	60.00	0 38.09
38.10	MI SCCELLANEOUS INCOME	B	-2,091	ADMINISTRATIVE AND GENERAL	5.06	0 38.10
38.11	MI SCCELLANEOUS INCOME	B	-6,772	NURSING ADMINISTRATION	13.00	0 38.11
38.12	MI SCCELLANEOUS INCOME	B	-45	ADULTS & PEDIATRICS	30.00	0 38.12
38.13	MI SCCELLANEOUS INCOME	B	-5,542	LABORATORY	60.00	0 38.13
38.14	MI SCCELLANEOUS INCOME	B	-1,182	LABORATORY	60.00	0 38.14
38.15	MI SCCELLANEOUS INCOME	B	-4,811	CARDIAC CATHETERIZATION	59.00	0 38.15
38.16	MED RECS TRNS FEE	B	-7,801	RADIOLOGY-DIAGNOSTIC	54.00	0 38.16
38.17	MI SCCELLANEOUS INCOME	B	-36,188	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.17
38.18			0		0.00	0 38.18
38.19	EXERCISE CLASS	B	-3,539	REHAB OUTPATIENT	66.01	0 38.19
38.20	MI SCCELLANEOUS INCOME	B	-217	REHAB OUTPATIENT	66.01	0 38.20
38.21	MI SCCELLANEOUS INCOME	B	-705	CARDIAC REHABILITATION	76.97	0 38.21
38.22	MI SCCELLANEOUS INCOME	B	-8,736	DIETARY	10.00	0 38.22
38.23	MI SCCELLANEOUS INCOME	B	-470	DIETARY	10.00	0 38.23
38.24	MI SCCELLANEOUS INCOME	B	-255	CAFETERIA	11.00	0 38.24
38.25	MI SCCELLANEOUS INCOME	B	3,192	OPERATION OF PLANT	7.00	0 38.25
38.26	MI SCCELLANEOUS INCOME	B	-3,379	MAINTENANCE & REPAIRS	6.00	0 38.26
38.27			0		0.00	0 38.27
38.28	PHYS APPLC FEES	B	500	ADMINISTRATIVE AND GENERAL	5.06	0 38.28
38.29	PHYS APPLC FEES	B	-64,800	ADMINISTRATIVE AND GENERAL	5.06	0 38.29
38.30	MI SCCELLANEOUS INCOME	B	-68,270	ADMINISTRATIVE AND GENERAL	5.06	0 38.30
38.31	MI SCCELLANEOUS INCOME	B	-244,247	ADMINISTRATIVE AND GENERAL	5.06	0 38.31
38.32	MI SCCELLANEOUS INCOME	B	-129	PURCHASING RECEIVING AND STORES	5.03	0 38.32
38.33	MI SCCELLANEOUS INCOME	B	-5,280	PARAMEDICAL EDUCATION PROGRAM	23.00	0 38.33
38.34	MI SCCELLANEOUS INCOME	B	-22,155	ADMINISTRATIVE AND GENERAL	5.06	0 38.34
38.35	ANSWERING SERVICE	B	-364,965	NONPATIENT TELEPHONES	5.01	0 38.35
38.36	MI SCCELLANEOUS INCOME	B	-8,170	ADMINISTRATIVE AND GENERAL	5.06	0 38.36
38.37	MI SCCELLANEOUS INCOME	B	-18,950	ADMINISTRATIVE AND GENERAL	5.06	0 38.37
38.38	RESEARCH REVENUE	B	-18,030	ADMINISTRATIVE AND GENERAL	5.06	0 38.38
38.39	RENT NON I/C	B	-84,254	ADMINISTRATIVE AND GENERAL	5.06	0 38.39
38.40	RENT SATELLITE DISH	B	-76,092	ADMINISTRATIVE AND GENERAL	5.06	0 38.40
38.41	RENT PHYS OFFICE	B	-887,735	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.41
38.42	RENT PHYS OFFICE	B	-48,000	ADMINISTRATIVE AND GENERAL	5.06	0 38.42
38.43	RENT PHYS OFFICE	B	-350,227	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.43
38.44	RENT PHYS OFFICE	B	-89,600	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.44
39.00	PHYSICIAN PART B	A	-863,980	PHYSICIANS' PRIVATE OFFICES	192.00	0 39.00
39.01			0		0.00	0 39.01
40.00	GAIN ON SALE NON OPERATING ASSETS	B	-6,000	CAP REL COSTS-BLDG & FIXT	1.00	9 40.00
41.00			0		0.00	0 41.00
42.00			0		0.00	0 42.00
43.00	CONTRIBUTION	A	-200	ADMINISTRATIVE AND GENERAL	5.06	0 43.00
44.00	LOBBYING PORTION OF DUES	A	-46,067	ADMINISTRATIVE AND GENERAL	5.06	0 44.00
45.00	NONALLOWABLE	A	-4,147	ADMINISTRATIVE AND GENERAL	5.06	0 45.00

Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet A-8 Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,406,313				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: 140258

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

Worksheet A-8-1

Date/Time Prepared: 11/30/2015 6:30 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	ADMINISTRATIVE AND GENERAL	ABHN & ABHS NON CAPITAL	22,216,475	67,386,911 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	10,161,462	0 2.00
3.00	5.03	PURCHASING RECEIVING AND STO	LOGISTICS	2,213,055	0 3.00
3.01	5.06	ADMINISTRATIVE AND GENERAL	EXECUTIVE SALARIES	1,735,753	305,909 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	EXECUTIVE BENEFITS	347,715	0 3.02
3.03	5.02	DATA PROCESSING	ABHN INFO SERVICES	17,751,431	0 3.03
3.04	5.06	ADMINISTRATIVE AND GENERAL	RENTAL	0	406,775 3.04
3.05	0.00			0	0 3.05
3.06	90.04	WOUND CLINIC	ABMP RENT	19,718	0 3.06
3.07	5.05	CASHIERING/ACCOUNTS RECEIVAB	ABHN PFS	5,203,094	0 3.07
3.08	7.00	OPERATION OF PLANT	CLINICAL ENGINEERING	5,675,102	0 3.08
3.09	16.00	MEDICAL RECORDS & LIBRARY	ICD 10 TRAINING	317,620	0 3.09
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			65,641,425	68,099,595 5.00

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

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

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	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: 140258

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

Worksheet A-8-1

Date/Time Prepared:  
11/30/2015 6:30 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-45,170,436	0		1.00
2.00	10,161,462	9		2.00
3.00	2,213,055	0		3.00
3.01	1,429,844	0		3.01
3.02	347,715	0		3.02
3.03	17,751,431	0		3.03
3.04	-406,775	0		3.04
3.05	0	0		3.05
3.06	19,718	0		3.06
3.07	5,203,094	0		3.07
3.08	5,675,102	0		3.08
3.09	317,620	0		3.09
4.00	0	0		4.00
5.00	-2,458,170			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140258

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

Worksheet A-8-2

Date/Time Prepared:  
11/30/2015 6:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	152,326	72,294	80,032	177,200	534	1.00
2.00	43.00	NURSERY	449,522	449,522	0	0	0	2.00
3.00	50.01	GAMMA KNIFE	67,500	0	67,500	208,000	450	3.00
4.00	60.00	LABORATORY	17,000	0	17,000	215,700	113	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	15,862	0	15,862	225,300	106	5.00
6.00	70.01	NEUROMEG	0	0	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	14,688	0	14,688	225,300	98	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			716,898	521,816	195,082		1,301	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	45,493	2,275	0	0	0	1.00
2.00	43.00	NURSERY	0	0	0	0	0	2.00
3.00	50.01	GAMMA KNIFE	45,000	2,250	0	0	0	3.00
4.00	60.00	LABORATORY	11,718	586	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	11,482	574	0	0	0	5.00
6.00	70.01	NEUROMEG	0	0	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	10,615	531	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			124,308	6,216	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	45,493	34,539	106,833		1.00
2.00	43.00	NURSERY	0	0	0	449,522		2.00
3.00	50.01	GAMMA KNIFE	0	45,000	22,500	22,500		3.00
4.00	60.00	LABORATORY	0	11,718	5,282	5,282		4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	11,482	4,380	4,380		5.00
6.00	70.01	NEUROMEG	0	0	0	0		6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	10,615	4,073	4,073		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	124,308	70,774	592,590		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	27,518,842	27,518,842			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	903,187		903,187		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,031,198	135,626	0	23,166,824	4.00
5.01 00540	NONPATIENT TELEPHONES	530,800	59,052	0	99,063	688,915 5.01
5.02 00550	DATA PROCESSING	17,751,431	17,411	0	0	55,259 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	3,486,925	0	0	0	11,270 5.03
5.04 00570	ADMINISTRATIVE	1,979,595	160,186	0	304,437	19,995 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,260,940	0	0	157,132	26,175 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	52,032,943	1,187,390	578,497	843,987	99,969 5.06
6.00 00600	MAINTENANCE & REPAIRS	1,434,587	74,118	4,802	159,285	23,267 6.00
7.00 00700	OPERATION OF PLANT	11,967,495	6,581,324	5,813	229,996	2,545 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,282,840	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	4,738,747	152,745	0	0	6,544 9.00
10.00 01000	DIETARY	4,845,895	471,173	2,207	6,733	17,087 10.00
11.00 01100	CAFETERIA	1,565,149	531,655	0	4,938	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,163,115	27,272	374	318,762	6,907 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,127,272	591,368	4,367	138,297	4,363 14.00
15.00 01500	PHARMACY	5,159,588	216,306	5,952	736,102	11,997 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,605,408	412,597	1,121	517,857	29,447 16.00
17.00 01700	SOCIAL SERVICE	2,815,945	28,518	0	434,553	4,363 17.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	389,448	33,833	0	52,458	5,817 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	38,233,742	4,966,234	8,878	5,341,248	64,711 30.00
31.00 03100	INTENSIVE CARE UNIT	9,145,824	1,004,625	1,667	1,296,610	21,449 31.00
40.00 04000	SUBPROVIDER - IPF	1,975,344	510,945	0	250,434	0 40.00
41.00 04100	SUBPROVIDER - IRF	15,073,216	1,598,082	4,843	1,064,287	18,177 41.00
43.00 04300	NURSERY	1,366,850	99,044	3,081	195,703	7,271 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,330,907	1,477,961	58,989	1,356,294	21,449 50.00
50.01 05001	GAMMA KNIFE	2,286,954	135,260	220	66,253	364 50.01
50.02 03330	ENDOSCOPY	2,893,562	255,307	2,856	314,619	1,818 50.02
51.00 05100	RECOVERY ROOM	1,747,286	224,810	1,724	264,683	4,726 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,688,540	721,935	1,606	378,876	8,725 52.00
53.00 05300	ANESTHESIOLOGY	428,838	16,678	50,958	0	727 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,489,764	322,901	21,054	348,515	39,626 54.00
54.01 03630	ULTRA SOUND	1,287,187	167,957	6,836	197,054	727 54.01
54.02 05401	PET SCAN	464,460	51,208	0	19,053	0 54.02
54.03 03480	ONCOLOGY	1,347,118	363,039	23,734	195,640	0 54.03
54.04 03440	MAMMOGRAPHY	1,229,625	217,735	331	149,872	0 54.04
56.00 05600	RADIOISOTOPE	1,430,990	212,237	254	68,742	4,726 56.00
57.00 05700	CT SCAN	1,415,872	162,495	10,639	206,091	727 57.00
58.00 05800	MRI	1,313,256	241,855	1,176	152,152	6,544 58.00
59.00 05900	CARDIAC CATHETERIZATION	6,520,929	587,225	16,796	685,262	7,271 59.00
60.00 06000	LABORATORY	11,673,634	683,483	18,596	1,063,365	31,628 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,086,874	31,927	458	93,974	1,818 63.00
64.00 06400	INTRAVENOUS THERAPY	1,131,125	18,071	589	165,043	0 64.00
65.00 06500	RESPIRATORY THERAPY	3,084,767	82,512	1,837	412,725	5,817 65.00
66.00 06600	PHYSICAL THERAPY	3,266,457	304,683	3,493	493,980	5,453 66.00
66.01 06601	REHAB OUTPATIENT	2,098,892	237,786	209	316,182	5,453 66.01
66.02 06602	REHAB MED SURGICAL	1,977,106	31,194	0	306,598	3,999 66.02
69.00 06900	ELECTROCARDIOLOGY	924,842	121,257	1,176	125,247	5,817 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	294,078	89,843	1,221	29,909	5,453 70.00
70.01 07001	NEUROMEG	347,884	19,208	572	0	364 70.01
70.02 07002	SLEEP LAB	704,017	216,782	418	100,289	364 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,574,932	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	22,899,554	16,495	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	18,610,677	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,059,899	35,336	0	6,187	0 74.00
76.97 07697	CARDIAC REHABILITATION	436,630	153,478	0	63,255	2,545 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,646,522	360,729	2,286	224,779	7,271 90.00
90.01 09001	DAY REHAB	851,947	76,427	50	125,330	364 90.01
90.02 09002	IMAGING CENTERS	1,263,249	0	5,982	123,246	3,635 90.02
90.03 09003	COUMADIN CLINIC	229,265	21,224	0	29,766	364 90.03
90.04 09004	WOUND CLINIC	961,058	223,087	1,262	114,011	1,091 90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	1,956,219	0	32,132	189,587	364 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
91.00 09100 EMERGENCY	7,221,529	528,063	5,057	812,605	35,991	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	8,204,200	0	0	1,115,961	35,627	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	5,249,518	0	8,265	527,489	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	399,016,489	27,269,692	902,378	22,994,516	687,461	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	361,231	77,674	0	23,305	1,454	190.00
191.00 19100 RESEARCH	0	111,324	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,228,774	60,152	809	149,003	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	401,606,494	27,518,842	903,187	23,166,824	688,915	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	17,824,101					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	556,112	4,054,307				5.03
5.04	00570	ADMINITTING	0	2,173	2,466,386			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,546,317	827	0	19,991,391		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	3,721,672	11,145	0	0	58,475,603	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	952	0	0	1,697,011	6.00
7.00	00700	OPERATION OF PLANT	0	2,139	0	0	18,789,312	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,282,840	8.00
9.00	00900	HOUSEKEEPING	0	259	0	0	4,898,295	9.00
10.00	01000	DIETARY	0	5,501	0	0	5,348,596	10.00
11.00	01100	CAFETERIA	0	45	0	0	2,101,787	11.00
13.00	01300	NURSING ADMINISTRATION	0	945	0	0	2,517,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,688	0	0	1,874,355	14.00
15.00	01500	PHARMACY	0	915,972	0	0	7,045,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,308	0	0	5,567,738	16.00
17.00	01700	SOCIAL SERVICE	0	416	0	0	3,283,795	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	766	0	0	482,322	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	83,017	210,174	1,703,266	50,611,270	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,285	51,716	419,110	11,969,286	31.00
40.00	04000	SUBPROVIDER - I/PF	0	3,220	14,178	114,902	2,869,023	40.00
41.00	04100	SUBPROVIDER - I/RF	0	19,371	59,112	479,047	18,316,135	41.00
43.00	04300	NURSERY	0	5,832	11,522	93,377	1,782,680	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	125,934	201,983	1,636,885	17,210,402	50.00
50.01	05001	GAMMA KNIFE	0	145	13,738	111,335	2,614,269	50.01
50.02	03330	ENDOSCOPY	0	22,697	81,716	662,233	4,234,808	50.02
51.00	05100	RECOVERY ROOM	0	2,367	32,689	264,910	2,543,195	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,693	16,756	135,793	3,961,924	52.00
53.00	05300	ANESTHESIOLOGY	0	20,982	47,330	383,562	949,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,514	50,042	405,545	3,679,961	54.00
54.01	03630	ULTRA SOUND	0	1,168	37,588	304,612	2,003,129	54.01
54.02	05401	PET SCAN	0	10,077	12,682	102,775	660,255	54.02
54.03	03480	ONCOLOGY	0	3,457	44,052	357,003	2,334,043	54.03
54.04	03440	MAMMOGRAPHY	0	1,696	18,899	153,156	1,771,314	54.04
56.00	05600	RADIOISOTOPE	0	48,340	27,652	224,093	2,017,034	56.00
57.00	05700	CT SCAN	0	2,096	122,056	989,148	2,909,124	57.00
58.00	05800	MRI	0	1,510	52,462	425,153	2,194,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	55,940	133,342	1,080,616	9,087,381	59.00
60.00	06000	LABORATORY	0	256,851	312,618	2,537,112	16,577,287	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	71,999	12,028	97,477	2,396,555	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,934	3,880	31,447	1,354,089	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,883	60,915	493,657	4,163,113	65.00
66.00	06600	PHYSICAL THERAPY	0	1,370	39,285	318,366	4,433,087	66.00
66.01	06601	REHAB OUTPATIENT	0	2,299	16,080	130,317	2,807,218	66.01
66.02	06602	REHAB MED SURGICAL	0	624	20,775	168,365	2,508,661	66.02
69.00	06900	ELECTROCARDIOLOGY	0	6,506	49,589	401,869	1,636,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,108	5,807	47,063	474,482	70.00
70.01	07001	NEUROMEG	0	0	728	5,903	374,659	70.01
70.02	07002	SLEEP LAB	0	2,990	11,423	92,572	1,128,855	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	985,464	154,669	1,253,452	21,968,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,135,530	55,307	448,213	24,555,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	205,581	1,666,039	20,482,297	73.00
74.00	07400	RENAL DIALYSIS	0	525	9,020	73,099	1,184,066	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,480	2,387	19,345	679,120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	10,512	18,862	152,857	2,423,818	90.00
90.01	09001	DAY REHAB	0	431	7,929	64,257	1,126,735	90.01
90.02	09002	IMAGING CENTERS	0	725	23,923	193,871	1,614,631	90.02
90.03	09003	COUMADIN CLINIC	0	1,720	1,684	13,646	297,669	90.03
90.04	09004	WOUND CLINIC	0	6,023	24,062	194,999	1,525,593	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	12,168	51,910	420,682	2,663,062	90.05
91.00	09100	EMERGENCY	0	25,014	138,235	1,120,262	9,886,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2014  
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
101.00	10100	HOME HEALTH AGENCY	0	8,955	0	0	9,364,743	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,759	0	0	5,797,031	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,824,101	3,968,347	2,466,386	19,991,391	398,506,808	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	85	0	0	463,749	190.00
191.00	19100	RESEARCH	0	0	0	0	111,324	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	85,875	0	0	2,524,613	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,824,101	4,054,307	2,466,386	19,991,391	401,606,494	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/30/2015 6:30 am				
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL	58,475,603				5.06	
6.00	00600	MAINTENANCE & REPAIRS	289,201	1,986,212			6.00	
7.00	00700	OPERATION OF PLANT	3,202,037	504,996	22,496,345		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	218,619	0	0	1,501,459	8.00	
9.00	00900	HOUSEKEEPING	834,758	11,720	178,007	0	5,922,780	9.00
10.00	01000	DIETARY	911,497	36,154	549,100	0	145,719	10.00
11.00	01100	CAFETERIA	358,182	40,795	619,585	0	164,424	11.00
13.00	01300	NURSING ADMINISTRATION	429,006	2,093	31,782	0	8,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	319,424	45,377	689,173	0	182,891	14.00
15.00	01500	PHARMACY	1,200,751	16,598	252,080	0	66,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	948,843	31,659	480,836	0	127,603	16.00
17.00	01700	SOCIAL SERVICE	559,618	2,188	33,235	0	8,820	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	82,196	2,596	39,429	0	10,464	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	8,624,998	381,069	5,787,589	719,367	1,535,896	30.00
31.00	03100	INTENSIVE CARE UNIT	2,039,782	77,087	1,170,778	62,689	310,698	31.00
40.00	04000	SUBPROVIDER - IPF	488,933	39,206	595,449	57,173	158,019	40.00
41.00	04100	SUBPROVIDER - IRF	3,121,399	122,624	1,862,385	204,165	494,235	41.00
43.00	04300	NURSERY	303,801	7,600	115,425	0	30,631	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,932,962	113,407	1,722,398	161,994	457,085	50.00
50.01	05001	GAMMA KNIFE	445,518	10,379	157,630	0	41,831	50.01
50.02	03330	ENDOSCOPY	721,688	19,590	297,532	55,560	78,958	50.02
51.00	05100	RECOVERY ROOM	433,406	17,250	261,991	28,607	69,526	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	675,183	55,396	841,335	47,277	223,271	52.00
53.00	05300	ANESTHESIOLOGY	161,739	1,280	19,437	0	5,158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	627,132	24,777	376,305	0	99,863	54.00
54.01	03630	ULTRA SOUND	341,369	12,888	195,735	32,491	51,944	54.01
54.02	05401	PET SCAN	112,519	3,929	59,677	0	15,837	54.02
54.03	03480	ONCOLOGY	397,763	27,857	423,081	0	112,276	54.03
54.04	03440	MAMMOGRAPHY	301,864	16,707	253,746	0	67,338	54.04
56.00	05600	RADIOISOTOPE	343,739	16,285	247,338	0	65,638	56.00
57.00	05700	CT SCAN	495,767	12,469	189,370	0	50,254	57.00
58.00	05800	MRI	373,915	18,558	281,855	0	74,798	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,548,653	45,059	684,346	0	181,610	59.00
60.00	06000	LABORATORY	2,825,068	52,445	796,524	0	211,379	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	408,416	2,450	37,208	0	9,874	63.00
64.00	06400	INTRAVENOUS THERAPY	230,761	1,387	21,060	0	5,589	64.00
65.00	06500	RESPIRATORY THERAPY	709,469	6,331	96,159	0	25,518	65.00
66.00	06600	PHYSICAL THERAPY	755,478	23,379	355,074	0	94,228	66.00
66.01	06601	REHAB OUTPATIENT	478,400	18,246	277,113	0	73,539	66.01
66.02	06602	REHAB MED SURGICAL	427,521	2,394	36,353	0	9,647	66.02
69.00	06900	ELECTROCARDIOLOGY	278,855	9,304	141,312	0	37,501	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	80,860	6,894	104,702	0	27,786	70.00
70.01	07001	NEUROLOG	63,849	1,474	22,384	0	5,940	70.01
70.02	07002	SLEEP LAB	192,377	16,634	252,635	0	67,044	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,743,831	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,184,631	1,266	19,223	0	5,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,490,552	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	201,786	2,711	41,180	0	10,928	74.00
76.97	07697	CARDIAC REHABILITATION	115,734	11,777	178,861	0	47,466	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	413,062	27,679	420,390	0	111,562	90.00
90.01	09001	DAY REHAB	192,016	5,864	89,067	0	23,636	90.01
90.02	09002	IMAGING CENTERS	275,162	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	50,728	1,629	24,734	0	6,564	90.03
90.04	09004	WOUND CLINIC	259,989	17,118	259,983	0	68,994	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	453,834	0	0	0	0	90.05
91.00	09100	EMERGENCY	1,684,881	40,519	615,398	132,136	163,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	1,595,921	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	987,918	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,947,361	1,967,094	22,205,989	1,501,459	5,845,726
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	79,031	5,960	90,520	0	24,022
191.00	19100	RESEARCH	18,972	8,542	129,735	0	34,429
192.00	19200	PHYSICIANS' PRIVATE OFFICES	430,239	4,616	70,101	0	18,603
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	58,475,603	1,986,212	22,496,345	1,501,459	5,922,780

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,991,066					10.00
11.00	01100	CAFETERIA	0	3,284,773				11.00
13.00	01300	NURSING ADMINISTRATION	0	32,737	3,021,427			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,731	0	3,152,951		14.00
15.00	01500	PHARMACY	0	95,768	0	7,218	8,685,228	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,619	0	9	0	16.00
17.00	01700	SOCIAL SERVICE	0	52,996	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	13,538	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,513,639	942,463	1,440,366	73,577	0	30.00
31.00	03100	INTENSIVE CARE UNIT	621,238	193,033	295,013	26,423	0	31.00
40.00	04000	SUBPROVIDER - I PF	358,730	59,282	90,602	2,758	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,497,459	219,957	336,161	16,723	0	41.00
43.00	04300	NURSERY	0	30,957	47,312	5,826	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	206,267	315,240	128,208	0	50.00
50.01	05001	GAMMA KNIFE	0	5,794	8,855	100	0	50.01
50.02	03330	ENDOSCOPY	0	50,554	77,262	23,101	0	50.02
51.00	05100	RECOVERY ROOM	0	32,207	49,222	2,087	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	57,503	87,882	9,545	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	11,414	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,341	0	1,191	0	54.00
54.01	03630	ULTRA SOUND	0	23,175	0	1,092	0	54.01
54.02	05401	PET SCAN	0	2,499	0	10,799	0	54.02
54.03	03480	ONCOLOGY	0	22,626	0	2,807	0	54.03
54.04	03440	MAMMOGRAPHY	0	22,191	0	1,430	0	54.04
56.00	05600	RADIOISOTOPE	0	8,331	0	51,925	0	56.00
57.00	05700	CT SCAN	0	29,215	0	1,911	0	57.00
58.00	05800	MRI	0	20,297	0	1,347	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,477	0	56,911	0	59.00
60.00	06000	LABORATORY	0	234,176	0	268,357	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,147	0	77,354	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	19,881	0	4,271	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	74,430	0	22,074	0	65.00
66.00	06600	PHYSICAL THERAPY	0	76,683	0	760	0	66.00
66.01	06601	REHAB OUTPATIENT	0	48,452	0	1,007	0	66.01
66.02	06602	REHAB MED SURGICAL	0	42,961	0	217	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	20,771	0	1,087	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,362	0	628	0	70.00
70.01	07001	NEUROMEG	0	76	0	0	0	70.01
70.02	07002	SLEEP LAB	0	18,101	0	2,530	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,059,988	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,221,408	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,685,228	73.00
74.00	07400	RENAL DIALYSIS	0	738	0	518	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	9,959	0	579	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	32,642	49,887	9,979	0	90.00
90.01	09001	DAY REHAB	0	20,051	0	111	0	90.01
90.02	09002	IMAGING CENTERS	0	20,259	0	320	0	90.02
90.03	09003	COUMADIN CLINIC	0	4,279	0	1,716	0	90.03
90.04	09004	WOUND CLINIC	0	19,578	0	3,830	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	31,355	0	10,155	0	90.05
91.00	09100	EMERGENCY	0	146,322	223,625	23,173	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,337	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,991,066	3,254,781	3,021,427	3,151,801	8,685,228	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,942	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,050	0	1,150	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,991,066	3,284,773	3,021,427	3,152,951	8,685,228	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,258,307					16.00
17.00	01700	SOCIAL SERVICE	0	3,940,652				17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	630,545			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,686,178	2,544,202	407,099	82,267,713	0	30.00
31.00	03100	INTENSIVE CARE UNIT	644,985	350,173	56,031	17,817,216	0	31.00
40.00	04000	SUBPROVIDER - I/PF	372,443	202,205	32,355	5,326,178	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,554,701	844,072	135,060	28,725,076	0	41.00
43.00	04300	NURSERY	0	0	0	2,324,232	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	23,247,963	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	3,284,376	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	5,559,053	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,437,491	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,959,316	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,148,103	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,874,570	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,661,823	0	54.01
54.02	05401	PET SCAN	0	0	0	865,515	0	54.02
54.03	03480	ONCOLOGY	0	0	0	3,320,453	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	2,434,590	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	2,750,290	0	56.00
57.00	05700	CT SCAN	0	0	0	3,688,110	0	57.00
58.00	05800	MRI	0	0	0	2,964,878	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	11,686,437	0	59.00
60.00	06000	LABORATORY	0	0	0	20,965,236	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,947,004	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,637,038	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,097,094	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,738,689	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	3,703,975	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	3,027,754	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,125,133	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	701,714	0	70.00
70.01	07001	NEUROMEG	0	0	0	468,382	0	70.01
70.02	07002	SLEEP LAB	0	0	0	1,678,176	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,772,336	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	29,986,728	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,658,077	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,441,927	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,043,496	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	3,489,019	0	90.00
90.01	09001	DAY REHAB	0	0	0	1,457,480	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	1,910,372	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	387,319	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	2,155,085	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	3,158,406	0	90.05
91.00	09100	EMERGENCY	0	0	0	12,916,123	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

Worksheet B  
Part I  
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11/30/2015 6:30 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	10,966,001	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	6,784,949	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,258,307	3,940,652	630,545	397,560,896	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	668,224	0	190.00
191.00	19100	RESEARCH	0	0	303,002	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,074,372	0	192.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,258,307	3,940,652	630,545	401,606,494	0

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part I Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	82,267,713	30.00
31.00	03100 INTENSIVE CARE UNIT	17,817,216	31.00
40.00	04000 SUBPROVIDER - IPF	5,326,178	40.00
41.00	04100 SUBPROVIDER - IRF	28,725,076	41.00
43.00	04300 NURSERY	2,324,232	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	23,247,963	50.00
50.01	05001 GAMMA KNIFE	3,284,376	50.01
50.02	03330 ENDOSCOPY	5,559,053	50.02
51.00	05100 RECOVERY ROOM	3,437,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,959,316	52.00
53.00	05300 ANESTHESIOLOGY	1,148,103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,874,570	54.00
54.01	03630 ULTRA SOUND	2,661,823	54.01
54.02	05401 PET SCAN	865,515	54.02
54.03	03480 ONCOLOGY	3,320,453	54.03
54.04	03440 MAMMOGRAPHY	2,434,590	54.04
56.00	05600 RADIOISOTOPE	2,750,290	56.00
57.00	05700 CT SCAN	3,688,110	57.00
58.00	05800 MRI	2,964,878	58.00
59.00	05900 CARDIAC CATHETERIZATION	11,686,437	59.00
60.00	06000 LABORATORY	20,965,236	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,947,004	63.00
64.00	06400 INTRAVENOUS THERAPY	1,637,038	64.00
65.00	06500 RESPIRATORY THERAPY	5,097,094	65.00
66.00	06600 PHYSICAL THERAPY	5,738,689	66.00
66.01	06601 REHAB OUTPATIENT	3,703,975	66.01
66.02	06602 REHAB MED SURGICAL	3,027,754	66.02
69.00	06900 ELECTROCARDIOLOGY	2,125,133	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	701,714	70.00
70.01	07001 NEUROLOG	468,382	70.01
70.02	07002 SLEEP LAB	1,678,176	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	26,772,336	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	29,986,728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	32,658,077	73.00
74.00	07400 RENAL DIALYSIS	1,441,927	74.00
76.97	07697 CARDIAC REHABILITATION	1,043,496	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	3,489,019	90.00
90.01	09001 DAY REHAB	1,457,480	90.01
90.02	09002 IMAGING CENTERS	1,910,372	90.02
90.03	09003 COUMADIN CLINIC	387,319	90.03
90.04	09004 WOUND CLINIC	2,155,085	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	3,158,406	90.05
91.00	09100 EMERGENCY	12,916,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
101.00	10100 HOME HEALTH AGENCY	10,966,001	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

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

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Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	135,626	0	135,626	4.00
5.01 00540	NONPATIENT TELEPHONES	0	59,052	0	59,052	5.01
5.02 00550	DATA PROCESSING	0	17,411	0	17,411	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04 00570	ADMINISTRATIVE	0	160,186	0	160,186	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	0	1,187,390	578,497	1,765,887	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	74,118	4,802	78,920	6.00
7.00 00700	OPERATION OF PLANT	0	6,581,324	5,813	6,587,137	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	152,745	0	152,745	9.00
10.00 01000	DIETARY	0	471,173	2,207	473,380	10.00
11.00 01100	CAFETERIA	0	531,655	0	531,655	11.00
13.00 01300	NURSING ADMINISTRATION	0	27,272	374	27,646	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	591,368	4,367	595,735	14.00
15.00 01500	PHARMACY	0	216,306	5,952	222,258	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	412,597	1,121	413,718	16.00
17.00 01700	SOCIAL SERVICE	0	28,518	0	28,518	17.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	33,833	0	33,833	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	4,966,234	8,878	4,975,112	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,004,625	1,667	1,006,292	31.00
40.00 04000	SUBPROVIDER - IPF	0	510,945	0	510,945	40.00
41.00 04100	SUBPROVIDER - IRF	0	1,598,082	4,843	1,602,925	41.00
43.00 04300	NURSERY	0	99,044	3,081	102,125	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,477,961	58,989	1,536,950	50.00
50.01 05001	GAMMA KNIFE	0	135,260	220	135,480	50.01
50.02 03330	ENDOSCOPY	0	255,307	2,856	258,163	50.02
51.00 05100	RECOVERY ROOM	0	224,810	1,724	226,534	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	721,935	1,606	723,541	52.00
53.00 05300	ANESTHESIOLOGY	0	16,678	50,958	67,636	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	322,901	21,054	343,955	54.00
54.01 03630	ULTRA SOUND	0	167,957	6,836	174,793	54.01
54.02 05401	PET SCAN	0	51,208	0	51,208	54.02
54.03 03480	ONCOLOGY	0	363,039	23,734	386,773	54.03
54.04 03440	MAMMOGRAPHY	0	217,735	331	218,066	54.04
56.00 05600	RADIO SOTOP	0	212,237	254	212,491	56.00
57.00 05700	CT SCAN	0	162,495	10,639	173,134	57.00
58.00 05800	MRI	0	241,855	1,176	243,031	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	587,225	16,796	604,021	59.00
60.00 06000	LABORATORY	0	683,483	18,596	702,079	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	31,927	458	32,385	63.00
64.00 06400	INTRAVENOUS THERAPY	0	18,071	589	18,660	64.00
65.00 06500	RESPIRATORY THERAPY	0	82,512	1,837	84,349	65.00
66.00 06600	PHYSICAL THERAPY	0	304,683	3,493	308,176	66.00
66.01 06601	REHAB OUTPATIENT	0	237,786	209	237,995	66.01
66.02 06602	REHAB MED SURGICAL	0	31,194	0	31,194	66.02
69.00 06900	ELECTROCARDIOLOGY	0	121,257	1,176	122,433	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	89,843	1,221	91,064	70.00
70.01 07001	NEUROMEG	0	19,208	572	19,780	70.01
70.02 07002	SLEEP LAB	0	216,782	418	217,200	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,495	0	16,495	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	35,336	0	35,336	74.00
76.97 07697	CARDIAC REHABILITATION	0	153,478	0	153,478	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	360,729	2,286	363,015	90.00
90.01 09001	DAY REHAB	0	76,427	50	76,477	90.01
90.02 09002	IMAGING CENTERS	0	0	5,982	5,982	90.02
90.03 09003	COUMADIN CLINIC	0	21,224	0	21,224	90.03
90.04 09004	WOUND CLINIC	0	223,087	1,262	224,349	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	0	32,132	32,132	90.05
91.00 09100	EMERGENCY	0	528,063	5,057	533,120	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

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Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	1.00	2.00	2A	4.00	92.00
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	6,530	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	8,265	8,265	3,087	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	27,269,692	902,378	28,172,070	134,618	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,674	0	77,674	136	190.00
191.00 19100 RESEARCH	0	111,324	0	111,324	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	60,152	809	60,961	872	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	27,518,842	903,187	28,422,029	135,626	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	59,632					5.01
5.02	00550	DATA PROCESSING	4,783	22,194				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	976	692	1,668			5.03
5.04	00570	ADMINISTRATIVE	1,731	0	1	163,699		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,266	16,868	0	0	20,053	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	8,660	4,634	4	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,014	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	220	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	566	0	0	0	0	9.00
10.00	01000	DIETARY	1,479	0	2	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	598	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	378	0	4	0	0	14.00
15.00	01500	PHARMACY	1,038	0	369	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,549	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	378	0	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	503	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,601	0	33	13,979	1,645	30.00
31.00	03100	INTENSIVE CARE UNIT	1,857	0	11	3,440	405	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	1	943	111	40.00
41.00	04100	SUBPROVIDER - IRF	1,573	0	8	3,932	463	41.00
43.00	04300	NURSERY	629	0	2	766	90	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,857	0	51	13,434	1,580	50.00
50.01	05001	GAMMA KNIFE	31	0	0	914	107	50.01
50.02	03330	ENDOSCOPY	157	0	9	5,435	639	50.02
51.00	05100	RECOVERY ROOM	409	0	1	2,174	256	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	755	0	4	1,114	131	52.00
53.00	05300	ANESTHESIOLOGY	63	0	8	3,148	370	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,430	0	1	3,328	392	54.00
54.01	03630	ULTRA SOUND	63	0	0	2,500	294	54.01
54.02	05401	PET SCAN	0	0	4	843	99	54.02
54.03	03480	ONCOLOGY	0	0	1	2,930	345	54.03
54.04	03440	MAMMOGRAPHY	0	0	1	1,257	148	54.04
56.00	05600	RADIOISOTOPE	409	0	19	1,839	216	56.00
57.00	05700	CT SCAN	63	0	1	8,118	955	57.00
58.00	05800	MRI	566	0	1	3,489	410	58.00
59.00	05900	CARDIAC CATHETERIZATION	629	0	23	8,869	1,043	59.00
60.00	06000	LABORATORY	2,738	0	104	20,453	3,201	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	157	0	29	800	94	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2	258	30	64.00
65.00	06500	RESPIRATORY THERAPY	503	0	8	4,051	477	65.00
66.00	06600	PHYSICAL THERAPY	472	0	1	2,613	307	66.00
66.01	06601	REHAB OUTPATIENT	472	0	1	1,070	126	66.01
66.02	06602	REHAB MED SURGICAL	346	0	0	1,382	163	66.02
69.00	06900	ELECTROCARDIOLOGY	503	0	3	3,298	388	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	472	0	0	386	45	70.00
70.01	07001	NEUROMEG	31	0	0	48	6	70.01
70.02	07002	SLEEP LAB	31	0	1	760	89	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	397	10,287	1,210	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	494	3,678	433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,673	1,609	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	600	71	74.00
76.97	07697	CARDIAC REHABILITATION	220	0	1	159	19	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	629	0	4	1,254	148	90.00
90.01	09001	DAY REHAB	31	0	0	527	62	90.01
90.02	09002	IMAGING CENTERS	315	0	0	1,591	187	90.02
90.03	09003	COUMADIN CLINIC	31	0	1	112	13	90.03
90.04	09004	WOUND CLINIC	94	0	2	1,600	188	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	31	0	5	3,453	406	90.05
91.00	09100	EMERGENCY	3,115	0	10	9,194	1,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
101.00	10100	HOME HEALTH AGENCY	3,084	0	4	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	5	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,506	22,194	1,633	163,699	20,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	35	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	59,632	22,194	1,668	163,699	20,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am		
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.06	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	1,784,124				5.06
6.00	00600	MAINTENANCE & REPAIRS	8,824	90,690			6.00
7.00	00700	OPERATION OF PLANT	97,704	23,057	6,709,465		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,671	0	0	6,671	8.00
9.00	00900	HOUSEKEEPING	25,471	535	53,090	0	232,407
10.00	01000	DIETARY	27,813	1,651	163,767	0	5,718
11.00	01100	CAFETERIA	10,929	1,863	184,789	0	6,452
13.00	01300	NURSING ADMINISTRATION	13,090	96	9,479	0	331
14.00	01400	CENTRAL SERVICES & SUPPLY	9,747	2,072	205,544	0	7,177
15.00	01500	PHARMACY	36,639	758	75,182	0	2,625
16.00	01600	MEDICAL RECORDS & LIBRARY	28,952	1,446	143,408	0	5,007
17.00	01700	SOCIAL SERVICE	17,076	100	9,912	0	346
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	2,508	119	11,760	0	411
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	263,024	17,400	1,726,128	3,196	60,267
31.00	03100	INTENSIVE CARE UNIT	62,240	3,520	349,181	279	12,192
40.00	04000	SUBPROVIDER - I/PF	14,919	1,790	177,591	254	6,201
41.00	04100	SUBPROVIDER - I/RF	95,244	5,599	555,451	907	19,394
43.00	04300	NURSERY	9,270	347	34,425	0	1,202
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	89,494	5,178	513,700	720	17,936
50.01	05001	GAMMA KNIFE	13,594	474	47,013	0	1,641
50.02	03330	ENDOSCOPY	22,021	894	88,738	247	3,098
51.00	05100	RECOVERY ROOM	13,225	788	78,138	127	2,728
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,602	2,529	250,926	210	8,761
53.00	05300	ANESTHESIOLOGY	4,935	58	5,797	0	202
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,136	1,131	112,232	0	3,919
54.01	03630	ULTRA SOUND	10,416	588	58,377	144	2,038
54.02	05401	PET SCAN	3,433	179	17,799	0	621
54.03	03480	ONCOLOGY	12,137	1,272	126,183	0	4,406
54.04	03440	MAMMOGRAPHY	9,211	763	75,679	0	2,642
56.00	05600	RADIOISOTOPE	10,489	744	73,768	0	2,576
57.00	05700	CT SCAN	15,127	569	56,479	0	1,972
58.00	05800	MRI	11,409	847	84,062	0	2,935
59.00	05900	CARDIAC CATHETERIZATION	47,254	2,057	204,104	0	7,126
60.00	06000	LABORATORY	86,202	2,395	237,561	0	8,294
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	12,462	112	11,097	0	387
64.00	06400	INTRAVENOUS THERAPY	7,041	63	6,281	0	219
65.00	06500	RESPIRATORY THERAPY	21,648	289	28,679	0	1,001
66.00	06600	PHYSICAL THERAPY	23,052	1,067	105,900	0	3,697
66.01	06601	REHAB OUTPATIENT	14,598	833	82,648	0	2,886
66.02	06602	REHAB MED SURGICAL	13,045	109	10,842	0	379
69.00	06900	ELECTROCARDIOLOGY	8,509	425	42,146	0	1,472
70.00	07000	ELECTROENCEPHALOGRAPHY	2,467	315	31,227	0	1,090
70.01	07001	NEUROLOG	1,948	67	6,676	0	233
70.02	07002	SLEEP LAB	5,870	760	75,348	0	2,631
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	114,236	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	127,687	58	5,733	0	200
73.00	07300	DRUGS CHARGED TO PATIENTS	106,508	0	0	0	0
74.00	07400	RENAL DIALYSIS	6,157	124	12,282	0	429
76.97	07697	CARDIAC REHABILITATION	3,531	538	53,345	0	1,863
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	12,604	1,264	125,380	0	4,378
90.01	09001	DAY REHAB	5,859	268	26,564	0	927
90.02	09002	IMAGING CENTERS	8,396	0	0	0	0
90.03	09003	COUMADIN CLINIC	1,548	74	7,377	0	258
90.04	09004	WOUND CLINIC	7,933	782	77,539	0	2,707
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	13,848	0	0	0	0
91.00	09100	EMERGENCY	51,411	1,850	183,541	587	6,408
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	48,697	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	30,145	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,768,006	89,817	6,622,868	6,671	229,383	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,411	272	26,997	0	943	190.00
191.00	19100	RESEARCH	579	390	38,693	0	1,351	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,128	211	20,907	0	730	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,784,124	90,690	6,709,465	6,671	232,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	673,849					10.00
11.00	01100	CAFETERIA	0	735,717				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,332	60,437			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,347	0	830,813		14.00
15.00	01500	PHARMACY	0	21,450	0	1,902	366,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	22,760	0	2	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,870	0	0	0	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	3,032	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	435,057	211,091	28,812	19,388	0	30.00
31.00	03100	INTENSIVE CARE UNIT	59,879	43,235	5,901	6,963	0	31.00
40.00	04000	SUBPROVIDER - I PF	34,577	13,278	1,812	727	0	40.00
41.00	04100	SUBPROVIDER - I RF	144,336	49,265	6,724	4,407	0	41.00
43.00	04300	NURSERY	0	6,934	946	1,535	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	46,199	6,306	33,784	0	50.00
50.01	05001	GAMMA KNIFE	0	1,298	177	26	0	50.01
50.02	03330	ENDOSCOPY	0	11,323	1,545	6,087	0	50.02
51.00	05100	RECOVERY ROOM	0	7,214	985	550	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,879	1,758	2,515	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,008	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,635	0	314	0	54.00
54.01	03630	ULTRA SOUND	0	5,191	0	288	0	54.01
54.02	05401	PET SCAN	0	560	0	2,846	0	54.02
54.03	03480	ONCOLOGY	0	5,068	0	740	0	54.03
54.04	03440	MAMMOGRAPHY	0	4,970	0	377	0	54.04
56.00	05600	RADIOISOTOPE	0	1,866	0	13,683	0	56.00
57.00	05700	CT SCAN	0	6,544	0	504	0	57.00
58.00	05800	MRI	0	4,546	0	355	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,473	0	14,996	0	59.00
60.00	06000	LABORATORY	0	52,450	0	70,714	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,393	0	20,384	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,453	0	1,125	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,671	0	5,817	0	65.00
66.00	06600	PHYSICAL THERAPY	0	17,175	0	200	0	66.00
66.01	06601	REHAB OUTPATIENT	0	10,852	0	265	0	66.01
66.02	06602	REHAB MED SURGICAL	0	9,622	0	57	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	4,652	0	286	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,425	0	166	0	70.00
70.01	07001	NEUROMEG	0	17	0	0	0	70.01
70.02	07002	SLEEP LAB	0	4,054	0	667	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	279,315	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	321,836	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	366,528	73.00
74.00	07400	RENAL DIALYSIS	0	165	0	136	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,231	0	153	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	7,311	998	2,630	0	90.00
90.01	09001	DAY REHAB	0	4,491	0	29	0	90.01
90.02	09002	IMAGING CENTERS	0	4,538	0	84	0	90.02
90.03	09003	COUMADIN CLINIC	0	958	0	452	0	90.03
90.04	09004	WOUND CLINIC	0	4,385	0	1,009	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	7,023	0	2,676	0	90.05
91.00	09100	EMERGENCY	0	32,773	4,473	6,106	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	1,406	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	673,849	728,999	60,437	830,510	366,528	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,107	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,611	0	303	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	673,849	735,717	60,437	830,813	366,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	620,873				16.00
17.00 01700	SOCIAL SERVICE	0	70,743			17.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	0	52,473		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	400,853	45,674		8,238,584	0 30.00
31.00 03100	INTENSIVE CARE UNIT	55,172	6,286		1,624,440	0 31.00
40.00 04000	SUBPROVIDER - I/PF	31,859	3,630		800,103	0 40.00
41.00 04100	SUBPROVIDER - I/RF	132,989	15,153		2,644,598	0 41.00
43.00 04300	NURSERY	0	0		159,416	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	0		2,275,125	0 50.00
50.01 05001	GAMMA KNIFE	0	0		201,143	0 50.01
50.02 03330	ENDOSCOPY	0	0		400,197	0 50.02
51.00 05100	RECOVERY ROOM	0	0		334,678	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0		1,027,942	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0		85,225	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0		504,512	0 54.00
54.01 03630	ULTRA SOUND	0	0		255,845	0 54.01
54.02 05401	PET SCAN	0	0		77,703	0 54.02
54.03 03480	ONCOLOGY	0	0		541,000	0 54.03
54.04 03440	MAMMOGRAPHY	0	0		313,991	0 54.04
56.00 05600	RADIOISOTOPE	0	0		318,502	0 56.00
57.00 05700	CT SCAN	0	0		264,672	0 57.00
58.00 05800	MRI	0	0		352,541	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		912,605	0 59.00
60.00 06000	LABORATORY	0	0		1,192,413	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0		81,850	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0		39,098	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0		165,908	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0		465,550	0 66.00
66.01 06601	REHAB OUTPATIENT	0	0		353,596	0 66.01
66.02 06602	REHAB MED SURGICAL	0	0		68,933	0 66.02
69.00 06900	ELECTROCARDIOLOGY	0	0		184,848	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0		128,832	0 70.00
70.01 07001	NEUROMEG	0	0		28,806	0 70.01
70.02 07002	SLEEP LAB	0	0		307,998	0 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		405,445	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		476,614	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0		488,318	0 73.00
74.00 07400	RENAL DIALYSIS	0	0		55,336	0 74.00
76.97 07697	CARDIAC REHABILITATION	0	0		215,908	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0		520,930	0 90.00
90.01 09001	DAY REHAB	0	0		115,968	0 90.01
90.02 09002	IMAGING CENTERS	0	0		21,814	0 90.02
90.03 09003	COUMADIN CLINIC	0	0		32,222	0 90.03
90.04 09004	WOUND CLINIC	0	0		321,255	0 90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	0		60,683	0 90.05
91.00 09100	EMERGENCY	0	0		838,425	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

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

Worksheet B  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	59,721	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	41,502	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	620,873	70,743	0	28,004,795	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	109,666	0	190.00
191.00	19100	RESEARCH	0	0	152,337	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	102,758	0	192.00
200.00		Cross Foot Adjustments			52,473	52,473	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	620,873	70,743	52,473	28,422,029	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
23.00	02300 PARAMEDICAL EDUCATION PROGRAM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	8,238,584	30.00
31.00	03100 INTENSIVE CARE UNIT	1,624,440	31.00
40.00	04000 SUBPROVIDER - IPF	800,103	40.00
41.00	04100 SUBPROVIDER - IRF	2,644,598	41.00
43.00	04300 NURSERY	159,416	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	2,275,125	50.00
50.01	05001 GAMMA KNIFE	201,143	50.01
50.02	03330 ENDOSCOPY	400,197	50.02
51.00	05100 RECOVERY ROOM	334,678	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,942	52.00
53.00	05300 ANESTHESIOLOGY	85,225	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	504,512	54.00
54.01	03630 ULTRA SOUND	255,845	54.01
54.02	05401 PET SCAN	77,703	54.02
54.03	03480 ONCOLOGY	541,000	54.03
54.04	03440 MAMMOGRAPHY	313,991	54.04
56.00	05600 RADIOISOTOPE	318,502	56.00
57.00	05700 CT SCAN	264,672	57.00
58.00	05800 MRI	352,541	58.00
59.00	05900 CARDIAC CATHETERIZATION	912,605	59.00
60.00	06000 LABORATORY	1,192,413	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	81,850	63.00
64.00	06400 INTRAVENOUS THERAPY	39,098	64.00
65.00	06500 RESPIRATORY THERAPY	165,908	65.00
66.00	06600 PHYSICAL THERAPY	465,550	66.00
66.01	06601 REHAB OUTPATIENT	353,596	66.01
66.02	06602 REHAB MED SURGICAL	68,933	66.02
69.00	06900 ELECTROCARDIOLOGY	184,848	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	128,832	70.00
70.01	07001 NEUROLOG	28,806	70.01
70.02	07002 SLEEP LAB	307,998	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	405,445	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	476,614	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	488,318	73.00
74.00	07400 RENAL DIALYSIS	55,336	74.00
76.97	07697 CARDIAC REHABILITATION	215,908	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699 LI THOTRI PSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	520,930	90.00
90.01	09001 DAY REHAB	115,968	90.01
90.02	09002 IMAGING CENTERS	21,814	90.02
90.03	09003 COUMADIN CLINIC	32,222	90.03
90.04	09004 WOUND CLINIC	321,255	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	60,683	90.05
91.00	09100 EMERGENCY	838,425	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
101.00	10100 HOME HEALTH AGENCY	59,721	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	41,502	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,004,795	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	109,666	190.00
191.00	19100 RESEARCH	152,337	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	102,758	192.00
200.00	Cross Foot Adjustments	52,473	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	28,422,029	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (DATA PROCESSING)
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)		
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	750,737				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,129,485			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	0	136,651,368		4.00
5.01 00540	NONPATIENT TELEPHONES	1,611	0	584,333	1,895	5.01
5.02 00550	DATA PROCESSING	475	0	0	152	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	31	5.03
5.04 00570	ADMINISTRATIVE	4,370	0	1,795,752	55	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	926,860	72	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	32,393	3,925,998	4,978,334	275	5.06
6.00 00600	MAINTENANCE & REPAIRS	2,022	32,588	939,555	64	6.00
7.00 00700	OPERATION OF PLANT	179,544	39,448	1,356,655	7	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,167	0	0	18	9.00
10.00 01000	DIETARY	12,854	14,975	39,716	47	10.00
11.00 01100	CAFETERIA	14,504	0	29,126	0	11.00
13.00 01300	NURSING ADMINISTRATION	744	2,539	1,880,246	19	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,133	29,637	815,759	12	14.00
15.00 01500	PHARMACY	5,901	40,393	4,341,967	33	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,256	7,610	3,054,626	81	16.00
17.00 01700	SOCIAL SERVICE	778	0	2,563,252	12	17.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	923	0	309,427	16	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	135,483	60,254	31,505,569	178	30.00
31.00 03100	INTENSIVE CARE UNIT	27,407	11,311	7,648,173	59	31.00
40.00 04000	SUBPROVIDER - IPF	13,939	0	1,477,209	0	40.00
41.00 04100	SUBPROVIDER - IRF	43,597	32,864	6,277,795	50	41.00
43.00 04300	NURSERY	2,702	20,907	1,154,372	20	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	40,320	400,330	8,000,225	59	50.00
50.01 05001	GAMMA KNIFE	3,690	1,494	390,797	1	50.01
50.02 03330	ENDOSCOPY	6,965	19,379	1,855,810	5	50.02
51.00 05100	RECOVERY ROOM	6,133	11,703	1,561,259	13	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	19,695	10,900	2,234,835	24	52.00
53.00 05300	ANESTHESIOLOGY	455	345,824	0	2	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,809	142,884	2,055,749	109	54.00
54.01 03630	ULTRA SOUND	4,582	46,393	1,162,339	2	54.01
54.02 05401	PET SCAN	1,397	0	112,388	0	54.02
54.03 03480	ONCOLOGY	9,904	161,068	1,154,001	0	54.03
54.04 03440	MAMMOGRAPHY	5,940	2,244	884,034	0	54.04
56.00 05600	RADIOISOTOPE	5,790	1,722	405,480	13	56.00
57.00 05700	CT SCAN	4,433	72,203	1,215,646	2	57.00
58.00 05800	MRI	6,598	7,980	897,483	18	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,020	113,987	4,042,080	20	59.00
60.00 06000	LABORATORY	18,646	126,203	6,272,355	87	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	871	3,108	554,315	5	63.00
64.00 06400	INTRAVENOUS THERAPY	493	4,000	973,522	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,251	12,467	2,434,499	16	65.00
66.00 06600	PHYSICAL THERAPY	8,312	23,705	2,913,785	15	66.00
66.01 06601	REHAB OUTPATIENT	6,487	1,416	1,865,026	15	66.01
66.02 06602	REHAB MED SURGICAL	851	0	1,808,495	11	66.02
69.00 06900	ELECTROCARDIOLOGY	3,308	7,983	738,778	16	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,451	8,283	176,422	15	70.00
70.01 07001	NEUROMEG	524	3,879	0	1	70.01
70.02 07002	SLEEP LAB	5,914	2,837	591,561	1	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	450	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	964	0	36,494	0	74.00
76.97 07697	CARDIAC REHABILITATION	4,187	0	373,114	7	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	9,841	15,511	1,325,881	20	90.00
90.01 09001	DAY REHAB	2,085	337	739,271	1	90.01
90.02 09002	IMAGING CENTERS	0	40,594	726,979	10	90.02
90.03 09003	COUMADIN CLINIC	579	0	175,576	1	90.03
90.04 09004	WOUND CLINIC	6,086	8,564	672,506	3	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	218,066	1,118,294	1	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
			1.00	2.00	4.00	5.01	5.02	
91.00	09100	EMERGENCY	14,406	34,317	4,793,226	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	6,582,598	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	56,092	3,111,445	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	743,940	6,123,997	135,634,994	1,891	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	0	137,468	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	5,488	878,906	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	27,518,842	903,187	23,166,824	688,915	17,824,101	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.655769	0.147351	0.169532	363.543536	1,782.410100	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			135,626	59,632	22,194	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000992	31.468074	2.219400	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	81,759,945					5.03
5.04	00570	ADMITTING	43,826	1,930,165,914				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	16,683		1,930,165,914			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	224,752			-58,475,603	343,130,891	5.06
6.00	00600	MAINTENANCE & REPAIRS	19,197				1,697,011	6.00
7.00	00700	OPERATION OF PLANT	43,126				18,789,312	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0				1,282,840	8.00
9.00	00900	HOUSEKEEPING	5,224				4,898,295	9.00
10.00	01000	DIETARY	110,939				5,348,596	10.00
11.00	01100	CAFETERIA	912				2,101,787	11.00
13.00	01300	NURSING ADMINISTRATION	19,052				2,517,375	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	175,206				1,874,355	14.00
15.00	01500	PHARMACY	18,471,654				7,045,917	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,379				5,567,738	16.00
17.00	01700	SOCIAL SERVICE	8,393				3,283,795	17.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	15,444				482,322	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,674,132	164,455,532	164,455,532	0	50,611,270	30.00
31.00	03100	INTENSIVE CARE UNIT	570,393	40,466,308	40,466,308	0	11,969,286	31.00
40.00	04000	SUBPROVIDER - I PF	64,932	11,094,159	11,094,159	0	2,869,023	40.00
41.00	04100	SUBPROVIDER - I RF	390,632	46,253,494	46,253,494	0	18,316,135	41.00
43.00	04300	NURSERY	117,611	9,015,866	9,015,866	0	1,782,680	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,539,602	158,046,260	158,046,260	0	17,210,402	50.00
50.01	05001	GAMMA KNIFE	2,934	10,749,695	10,749,695	0	2,614,269	50.01
50.02	03330	ENDOSCOPY	457,705	63,940,613	63,940,613	0	4,234,808	50.02
51.00	05100	RECOVERY ROOM	47,737	25,577,915	25,577,915	0	2,543,195	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	195,465	13,111,202	13,111,202	0	3,961,924	52.00
53.00	05300	ANESTHESIOLOGY	423,125	37,034,110	37,034,110	0	949,075	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,691	39,156,639	39,156,639	0	3,679,961	54.00
54.01	03630	ULTRA SOUND	23,561	29,411,248	29,411,248	0	2,003,129	54.01
54.02	05401	PET SCAN	203,212	9,923,198	9,923,198	0	660,255	54.02
54.03	03480	ONCOLOGY	69,714	34,469,766	34,469,766	0	2,334,043	54.03
54.04	03440	MAMMOGRAPHY	34,195	14,787,665	14,787,665	0	1,771,314	54.04
56.00	05600	RADIOISOTOPE	974,836	21,636,832	21,636,832	0	2,017,034	56.00
57.00	05700	CT SCAN	42,262	95,505,302	95,505,302	0	2,909,124	57.00
58.00	05800	MRI	30,460	41,049,791	41,049,791	0	2,194,108	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,128,096	104,336,748	104,336,748	0	9,087,381	59.00
60.00	06000	LABORATORY	5,179,695	244,901,769	244,901,769	0	16,577,287	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,451,944	9,411,686	9,411,686	0	2,396,555	63.00
64.00	06400	INTRAVENOUS THERAPY	79,333	3,036,334	3,036,334	0	1,354,089	64.00
65.00	06500	RESPIRATORY THERAPY	421,126	47,664,047	47,664,047	0	4,163,113	65.00
66.00	06600	PHYSICAL THERAPY	27,632	30,739,223	30,739,223	0	4,433,087	66.00
66.01	06601	REHAB OUTPATIENT	46,365	12,582,488	12,582,488	0	2,807,218	66.01
66.02	06602	REHAB MED SURGICAL	12,580	16,256,195	16,256,195	0	2,508,661	66.02
69.00	06900	ELECTROCARDIOLOGY	131,205	38,801,665	38,801,665	0	1,636,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,339	4,544,081	4,544,081	0	474,482	70.00
70.01	07001	NEUROMEG	0	569,996	569,996	0	374,659	70.01
70.02	07002	SLEEP LAB	60,295	8,938,068	8,938,068	0	1,128,855	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,873,027	121,024,589	121,024,589	0	21,968,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,899,430	43,276,374	43,276,374	0	24,555,099	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	160,861,138	160,861,138	0	20,482,297	73.00
74.00	07400	RENAL DIALYSIS	10,580	7,057,977	7,057,977	0	1,184,066	74.00
76.97	07697	CARDIAC REHABILITATION	29,842	1,867,820	1,867,820	0	679,120	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	211,980	14,758,802	14,758,802	0	2,423,818	90.00
90.01	09001	DAY REHAB	8,688	6,204,226	6,204,226	0	1,126,735	90.01
90.02	09002	IMAGING CENTERS	14,630	18,718,876	18,718,876	0	1,614,631	90.02
90.03	09003	COUMADIN CLINIC	34,694	1,317,589	1,317,589	0	297,669	90.03
90.04	09004	WOUND CLINIC	121,457	18,827,775	18,827,775	0	1,525,593	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	245,379	40,618,135	40,618,135	0	2,663,062	90.05
91.00	09100	EMERGENCY	504,439	108,164,718	108,164,718	0	9,886,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	180,581	0	0	0	9,364,743	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	237,138	0	0	0	5,797,031	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,026,461	1,930,165,914	1,930,165,914	-58,475,603	340,031,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,724	0	0	0	463,749	190.00
191.00	19100	RESEARCH	0	0	0	0	111,324	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,731,760	0	0	0	2,524,613	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,054,307	2,466,386	19,991,391		58,475,603	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.049588	0.001278	0.010357		0.170418	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,668	163,699	20,053		1,784,124	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000020	0.000085	0.000010		0.005200	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	706,166					6.00
7.00	00700	179,544	526,622				7.00
8.00	00800	0	0	2,241,118			8.00
9.00	00900	4,167	4,167	0	522,455		9.00
10.00	01000	12,854	12,854	0	12,854	101,281	10.00
11.00	01100	14,504	14,504	0	14,504	0	11.00
13.00	01300	744	744	0	744	0	13.00
14.00	01400	16,133	16,133	0	16,133	0	14.00
15.00	01500	5,901	5,901	0	5,901	0	15.00
16.00	01600	11,256	11,256	0	11,256	0	16.00
17.00	01700	778	778	0	778	0	17.00
23.00	02300	923	923	0	923	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	135,483	135,483	1,073,747	135,483	65,390	30.00
31.00	03100	27,407	27,407	93,571	27,407	9,000	31.00
40.00	04000	13,939	13,939	85,338	13,939	5,197	40.00
41.00	04100	43,597	43,597	304,742	43,597	21,694	41.00
43.00	04300	2,702	2,702	0	2,702	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,320	40,320	241,796	40,320	0	50.00
50.01	05001	3,690	3,690	0	3,690	0	50.01
50.02	03330	6,965	6,965	82,930	6,965	0	50.02
51.00	05100	6,133	6,133	42,700	6,133	0	51.00
52.00	05200	19,695	19,695	70,567	19,695	0	52.00
53.00	05300	455	455	0	455	0	53.00
54.00	05400	8,809	8,809	0	8,809	0	54.00
54.01	03630	4,582	4,582	48,497	4,582	0	54.01
54.02	05401	1,397	1,397	0	1,397	0	54.02
54.03	03480	9,904	9,904	0	9,904	0	54.03
54.04	03440	5,940	5,940	0	5,940	0	54.04
56.00	05600	5,790	5,790	0	5,790	0	56.00
57.00	05700	4,433	4,433	0	4,433	0	57.00
58.00	05800	6,598	6,598	0	6,598	0	58.00
59.00	05900	16,020	16,020	0	16,020	0	59.00
60.00	06000	18,646	18,646	0	18,646	0	60.00
63.00	06300	871	871	0	871	0	63.00
64.00	06400	493	493	0	493	0	64.00
65.00	06500	2,251	2,251	0	2,251	0	65.00
66.00	06600	8,312	8,312	0	8,312	0	66.00
66.01	06601	6,487	6,487	0	6,487	0	66.01
66.02	06602	851	851	0	851	0	66.02
69.00	06900	3,308	3,308	0	3,308	0	69.00
70.00	07000	2,451	2,451	0	2,451	0	70.00
70.01	07001	524	524	0	524	0	70.01
70.02	07002	5,914	5,914	0	5,914	0	70.02
71.00	07100	0	0	0	0	0	71.00
72.00	07200	450	450	0	450	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	964	964	0	964	0	74.00
76.97	07697	4,187	4,187	0	4,187	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	9,841	9,841	0	9,841	0	90.00
90.01	09001	2,085	2,085	0	2,085	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	579	579	0	579	0	90.03
90.04	09004	6,086	6,086	0	6,086	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	14,406	14,406	197,230	14,406	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	699,369	519,825	2,241,118	515,658	101,281
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,986,212	22,496,345	1,501,459	5,922,780	6,991,066
203.00		Unit cost multiplier (Wkst. B, Part I)	2.812670	42.718202	0.669960	11.336440	69.026431
204.00		Cost to be allocated (per Wkst. B, Part II)	90,690	6,709,465	6,671	232,407	673,849
205.00		Unit cost multiplier (Wkst. B, Part II)	0.128426	12.740571	0.002977	0.444836	6.653262

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
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	173,485					11.00
13.00	01300	1,729	104,414				13.00
14.00	01400	2,204	0	59,112,675			14.00
15.00	01500	5,058	0	135,329	10,000		15.00
16.00	01600	5,367	0	165	0	101,281	16.00
17.00	01700	2,799	0	0	0	0	17.00
23.00	02300	715	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	49,776	49,776	1,379,447	0	65,390	30.00
31.00	03100	10,195	10,195	495,382	0	9,000	31.00
40.00	04000	3,131	3,131	51,712	0	5,197	40.00
41.00	04100	11,617	11,617	313,520	0	21,694	41.00
43.00	04300	1,635	1,635	109,225	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	10,894	10,894	2,403,689	0	0	50.00
50.01	05001	306	306	1,875	0	0	50.01
50.02	03330	2,670	2,670	433,098	0	0	50.02
51.00	05100	1,701	1,701	39,128	0	0	51.00
52.00	05200	3,037	3,037	178,947	0	0	52.00
53.00	05300	0	0	213,996	0	0	53.00
54.00	05400	3,451	0	22,337	0	0	54.00
54.01	03630	1,224	0	20,469	0	0	54.01
54.02	05401	132	0	202,457	0	0	54.02
54.03	03480	1,195	0	52,627	0	0	54.03
54.04	03440	1,172	0	26,819	0	0	54.04
56.00	05600	440	0	973,514	0	0	56.00
57.00	05700	1,543	0	35,836	0	0	57.00
58.00	05800	1,072	0	25,251	0	0	58.00
59.00	05900	4,356	0	1,066,979	0	0	59.00
60.00	06000	12,368	0	5,031,247	0	0	60.00
63.00	06300	800	0	1,450,269	0	0	63.00
64.00	06400	1,050	0	80,070	0	0	64.00
65.00	06500	3,931	0	413,845	0	0	65.00
66.00	06600	4,050	0	14,243	0	0	66.00
66.01	06601	2,559	0	18,878	0	0	66.01
66.02	06602	2,269	0	4,073	0	0	66.02
69.00	06900	1,097	0	20,382	0	0	69.00
70.00	07000	336	0	11,779	0	0	70.00
70.01	07001	4	0	0	0	0	70.01
70.02	07002	956	0	47,427	0	0	70.02
71.00	07100	0	0	19,873,027	0	0	71.00
72.00	07200	0	0	22,899,430	0	0	72.00
73.00	07300	0	0	0	10,000	0	73.00
74.00	07400	39	0	9,709	0	0	74.00
76.97	07697	526	0	10,862	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,724	1,724	187,089	0	0	90.00
90.01	09001	1,059	0	2,087	0	0	90.01
90.02	09002	1,070	0	6,005	0	0	90.02
90.03	09003	226	0	32,175	0	0	90.03
90.04	09004	1,034	0	71,798	0	0	90.04
90.05	09005	1,656	0	190,391	0	0	90.05
91.00	09100	7,728	7,728	434,460	0	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	100,060	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,901	104,414	59,091,108	10,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	261	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,323	0	21,567	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,284,773	3,021,427	3,152,951	8,685,228	7,258,307
203.00		Unit cost multiplier (Wkst. B, Part I)	18.934046	28.936991	0.053338	868.522800	71.665041
204.00		Cost to be allocated (per Wkst. B, Part II)	735,717	60,437	830,813	366,528	620,873
205.00		Unit cost multiplier (Wkst. B, Part II)	4.240810	0.578821	0.014055	36.652800	6.130202

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1  
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Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	PARAMEDICAL EDUCATION PROGRAM (PATIENT DAYS)	
		17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00590			5.06
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
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	101,281		17.00
23.00	02300	0	101,281	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	65,390	65,390	30.00
31.00	03100	9,000	9,000	31.00
40.00	04000	5,197	5,197	40.00
41.00	04100	21,694	21,694	41.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
50.01	05001	0	0	50.01
50.02	03330	0	0	50.02
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03630	0	0	54.01
54.02	05401	0	0	54.02
54.03	03480	0	0	54.03
54.04	03440	0	0	54.04
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
63.00	06300	0	0	63.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
70.01	07001	0	0	70.01
70.02	07002	0	0	70.02
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.97	07697	0	0	76.97
76.98	07698	0	0	76.98
76.99	07699	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.04	09004	0	0	90.04
90.05	09005	0	0	90.05
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

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

Worksheet B-1

Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	PARAMEDICAL EDUCATION PROGRAM (PATIENT DAYS)	
		17.00	23.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,281	101,281	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,940,652	630,545	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.908107	6.225699	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	70,743	52,473	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.698482	0.518093	205.00

Provider CCN: 140258

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

Worksheet B-2  
 Date/Time Prepared:  
 11/30/2015 6:30 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am		
		Title XVIIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		82,267,713	34,539	82,302,252	30.00
31.00	03100 INTENSIVE CARE UNIT		17,817,216	0	17,817,216	31.00
40.00	04000 SUBPROVIDER - I/PF		5,326,178	0	5,326,178	40.00
41.00	04100 SUBPROVIDER - I/RF		28,725,076	0	28,725,076	41.00
43.00	04300 NURSERY		2,324,232	0	2,324,232	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		23,247,963	0	23,247,963	50.00
50.01	05001 GAMMA KNIFE		3,284,376	22,500	3,306,876	50.01
50.02	03330 ENDOSCOPY		5,559,053	0	5,559,053	50.02
51.00	05100 RECOVERY ROOM		3,437,491	0	3,437,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,959,316	0	5,959,316	52.00
53.00	05300 ANESTHESIOLOGY		1,148,103	0	1,148,103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,874,570	0	4,874,570	54.00
54.01	03630 ULTRASOUND		2,661,823	0	2,661,823	54.01
54.02	05401 PET SCAN		865,515	0	865,515	54.02
54.03	03480 ONCOLOGY		3,320,453	0	3,320,453	54.03
54.04	03440 MAMMOGRAPHY		2,434,590	0	2,434,590	54.04
56.00	05600 RADIOISOTOPE		2,750,290	0	2,750,290	56.00
57.00	05700 CT SCAN		3,688,110	0	3,688,110	57.00
58.00	05800 MRI		2,964,878	0	2,964,878	58.00
59.00	05900 CARDIAC CATHETERIZATION		11,686,437	0	11,686,437	59.00
60.00	06000 LABORATORY		20,965,236	5,282	20,970,518	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,947,004	0	2,947,004	63.00
64.00	06400 INTRAVENOUS THERAPY		1,637,038	0	1,637,038	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,097,094	0	5,097,094	65.00
66.00	06600 PHYSICAL THERAPY	0	5,738,689	0	5,738,689	66.00
66.01	06601 REHAB OUTPATIENT	0	3,703,975	0	3,703,975	66.01
66.02	06602 REHAB MED SURGICAL	0	3,027,754	0	3,027,754	66.02
69.00	06900 ELECTROCARDIOLOGY		2,125,133	0	2,125,133	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		701,714	4,380	706,094	70.00
70.01	07001 NEUROLOG		468,382	0	468,382	70.01
70.02	07002 SLEEP LAB		1,678,176	0	1,678,176	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		26,772,336	0	26,772,336	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		29,986,728	0	29,986,728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		32,658,077	0	32,658,077	73.00
74.00	07400 RENAL DIALYSIS		1,441,927	0	1,441,927	74.00
76.97	07697 CARDIAC REHABILITATION		1,043,496	0	1,043,496	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		3,489,019	0	3,489,019	90.00
90.01	09001 DAY REHAB		1,457,480	0	1,457,480	90.01
90.02	09002 IMAGING CENTERS		1,910,372	0	1,910,372	90.02
90.03	09003 COUMADIN CLINIC		387,319	0	387,319	90.03
90.04	09004 WOUND CLINIC		2,155,085	0	2,155,085	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,158,406	4,073	3,162,479	90.05
91.00	09100 EMERGENCY		12,916,123	0	12,916,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		8,644,301	0	8,644,301	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY		10,966,001	0	10,966,001	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		6,784,949		6,784,949	116.00
200.00	Subtotal (see instructions)		406,205,197	70,774	406,275,971	200.00
201.00	Less Observation Beds		8,644,301		8,644,301	201.00
202.00	Total (see instructions)		397,560,896	70,774	397,631,670	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am				
			Title XVIIII	Hospital	PPS				
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00						
	9.00	10.00							
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	164,455,532		164,455,532				30.00
31.00	03100	INTENSIVE CARE UNIT	40,466,308		40,466,308				31.00
40.00	04000	SUBPROVIDER - I PF	11,094,159		11,094,159				40.00
41.00	04100	SUBPROVIDER - I RF	46,253,494		46,253,494				41.00
43.00	04300	NURSERY	9,015,866		9,015,866				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	79,579,825	78,466,435	158,046,260	0.147096	0.000000		50.00
50.01	05001	GAMMA KNIFE	69,639	10,680,056	10,749,695	0.305532	0.000000		50.01
50.02	03330	ENDOSCOPY	11,059,714	52,880,899	63,940,613	0.086941	0.000000		50.02
51.00	05100	RECOVERY ROOM	12,843,652	12,734,263	25,577,915	0.134393	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,898,801	1,212,401	13,111,202	0.454521	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	18,046,676	18,987,434	37,034,110	0.031001	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,386,358	23,770,281	39,156,639	0.124489	0.000000		54.00
54.01	03630	ULTRA SOUND	9,983,672	19,427,576	29,411,248	0.090504	0.000000		54.01
54.02	05401	PET SCAN	50,685	9,872,513	9,923,198	0.087221	0.000000		54.02
54.03	03480	ONCOLOGY	2,438,007	32,031,759	34,469,766	0.096329	0.000000		54.03
54.04	03440	MAMMOGRAPHY	62,198	14,725,467	14,787,665	0.164637	0.000000		54.04
56.00	05600	RADIO SOTOPE	7,261,178	14,375,654	21,636,832	0.127111	0.000000		56.00
57.00	05700	CT SCAN	31,141,891	64,363,411	95,505,302	0.038617	0.000000		57.00
58.00	05800	MRI	12,668,634	28,381,157	41,049,791	0.072226	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	46,520,724	57,816,024	104,336,748	0.112007	0.000000		59.00
60.00	06000	LABORATORY	101,549,716	143,352,053	244,901,769	0.085607	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,394,482	2,017,204	9,411,686	0.313122	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	2,827,970	208,364	3,036,334	0.539150	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	44,142,069	3,521,978	47,664,047	0.106938	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	30,739,223	0	30,739,223	0.186689	0.000000		66.00
66.01	06601	REHAB OUTPATIENT	11,231	12,571,257	12,582,488	0.294375	0.000000		66.01
66.02	06602	REHAB MED SURGICAL	15,557,173	699,022	16,256,195	0.186252	0.000000		66.02
69.00	06900	ELECTROCARDIOLOGY	20,870,523	17,931,142	38,801,665	0.054769	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,486	3,478,595	4,544,081	0.154424	0.000000		70.00
70.01	07001	NEUROMEG	0	569,996	569,996	0.821729	0.000000		70.01
70.02	07002	SLEEP LAB	10,547	8,927,521	8,938,068	0.187756	0.000000		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,195,848	55,828,741	121,024,589	0.221214	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,285,907	17,990,467	43,276,374	0.692912	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,803,327	57,057,811	160,861,138	0.203020	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,533,886	524,091	7,057,977	0.204297	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	261,568	1,606,252	1,867,820	0.558671	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>									
90.00	09000	CLINIC	397,559	14,361,243	14,758,802	0.236403	0.000000		90.00
90.01	09001	DAY REHAB	0	6,204,226	6,204,226	0.234917	0.000000		90.01
90.02	09002	IMAGING CENTERS	147,484	18,571,392	18,718,876	0.102056	0.000000		90.02
90.03	09003	COUMADIN CLINIC	2,958	1,314,631	1,317,589	0.293960	0.000000		90.03
90.04	09004	WOUND CLINIC	38,483	18,789,292	18,827,775	0.114463	0.000000		90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	208,180	40,409,955	40,618,135	0.077759	0.000000		90.05
91.00	09100	EMERGENCY	32,262,089	75,902,629	108,164,718	0.119412	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,843,861	12,242,829	18,086,690	0.477937	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
101.00	10100	HOME HEALTH AGENCY	0	12,190,513	12,190,513				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	6,570,810	6,570,810				116.00
200.00		Subtotal (see instructions)	994,446,583	972,567,344	1,967,013,927				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	994,446,583	972,567,344	1,967,013,927				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.147096	50.00
50.01	05001	GAMMA KNIFE	0.307625	50.01
50.02	03330	ENDOSCOPY	0.086941	50.02
51.00	05100	RECOVERY ROOM	0.134393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454521	52.00
53.00	05300	ANESTHESIOLOGY	0.031001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124489	54.00
54.01	03630	ULTRA SOUND	0.090504	54.01
54.02	05401	PET SCAN	0.087221	54.02
54.03	03480	ONCOLOGY	0.096329	54.03
54.04	03440	MAMMOGRAPHY	0.164637	54.04
56.00	05600	RADIOISOTOPE	0.127111	56.00
57.00	05700	CT SCAN	0.038617	57.00
58.00	05800	MRI	0.072226	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112007	59.00
60.00	06000	LABORATORY	0.085628	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.313122	63.00
64.00	06400	INTRAVENOUS THERAPY	0.539150	64.00
65.00	06500	RESPIRATORY THERAPY	0.106938	65.00
66.00	06600	PHYSICAL THERAPY	0.186689	66.00
66.01	06601	REHAB OUTPATIENT	0.294375	66.01
66.02	06602	REHAB MED SURGICAL	0.186252	66.02
69.00	06900	ELECTROCARDIOLOGY	0.054769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155388	70.00
70.01	07001	NEUROMEG	0.821729	70.01
70.02	07002	SLEEP LAB	0.187756	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203020	73.00
74.00	07400	RENAL DIALYSIS	0.204297	74.00
76.97	07697	CARDIAC REHABILITATION	0.558671	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.236403	90.00
90.01	09001	DAY REHAB	0.234917	90.01
90.02	09002	IMAGING CENTERS	0.102056	90.02
90.03	09003	COUMADIN CLINIC	0.293960	90.03
90.04	09004	WOUND CLINIC	0.114463	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.077859	90.05
91.00	09100	EMERGENCY	0.119412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.477937	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		82,267,713	34,539	82,302,252	30.00
31.00	03100 INTENSIVE CARE UNIT		17,817,216	0	17,817,216	31.00
40.00	04000 SUBPROVIDER - I/PF		5,326,178	0	5,326,178	40.00
41.00	04100 SUBPROVIDER - I/RF		28,725,076	0	28,725,076	41.00
43.00	04300 NURSERY		2,324,232	0	2,324,232	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		23,247,963	0	23,247,963	50.00
50.01	05001 GAMMA KNIFE		3,284,376	22,500	3,306,876	50.01
50.02	03330 ENDOSCOPY		5,559,053	0	5,559,053	50.02
51.00	05100 RECOVERY ROOM		3,437,491	0	3,437,491	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,959,316	0	5,959,316	52.00
53.00	05300 ANESTHESIOLOGY		1,148,103	0	1,148,103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,874,570	0	4,874,570	54.00
54.01	03630 ULTRASOUND		2,661,823	0	2,661,823	54.01
54.02	05401 PET SCAN		865,515	0	865,515	54.02
54.03	03480 ONCOLOGY		3,320,453	0	3,320,453	54.03
54.04	03440 MAMMOGRAPHY		2,434,590	0	2,434,590	54.04
56.00	05600 RADIOISOTOPE		2,750,290	0	2,750,290	56.00
57.00	05700 CT SCAN		3,688,110	0	3,688,110	57.00
58.00	05800 MRI		2,964,878	0	2,964,878	58.00
59.00	05900 CARDIAC CATHETERIZATION		11,686,437	0	11,686,437	59.00
60.00	06000 LABORATORY		20,965,236	5,282	20,970,518	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,947,004	0	2,947,004	63.00
64.00	06400 INTRAVENOUS THERAPY		1,637,038	0	1,637,038	64.00
65.00	06500 RESPIRATORY THERAPY	0	5,097,094	0	5,097,094	65.00
66.00	06600 PHYSICAL THERAPY	0	5,738,689	0	5,738,689	66.00
66.01	06601 REHAB OUTPATIENT	0	3,703,975	0	3,703,975	66.01
66.02	06602 REHAB MED SURGICAL	0	3,027,754	0	3,027,754	66.02
69.00	06900 ELECTROCARDIOLOGY		2,125,133	0	2,125,133	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		701,714	4,380	706,094	70.00
70.01	07001 NEUROLOG		468,382	0	468,382	70.01
70.02	07002 SLEEP LAB		1,678,176	0	1,678,176	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		26,772,336	0	26,772,336	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		29,986,728	0	29,986,728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		32,658,077	0	32,658,077	73.00
74.00	07400 RENAL DIALYSIS		1,441,927	0	1,441,927	74.00
76.97	07697 CARDIAC REHABILITATION		1,043,496	0	1,043,496	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		3,489,019	0	3,489,019	90.00
90.01	09001 DAY REHAB		1,457,480	0	1,457,480	90.01
90.02	09002 IMAGING CENTERS		1,910,372	0	1,910,372	90.02
90.03	09003 COUMADIN CLINIC		387,319	0	387,319	90.03
90.04	09004 WOUND CLINIC		2,155,085	0	2,155,085	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,158,406	4,073	3,162,479	90.05
91.00	09100 EMERGENCY		12,916,123	0	12,916,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		8,644,301	0	8,644,301	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
101.00	10100 HOME HEALTH AGENCY		10,966,001	0	10,966,001	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		6,784,949		6,784,949	116.00
200.00	Subtotal (see instructions)		406,205,197	70,774	406,275,971	200.00
201.00	Less Observation Beds		8,644,301		8,644,301	201.00
202.00	Total (see instructions)		397,560,896	70,774	397,631,670	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	164,455,532		164,455,532			30.00
31.00	03100	INTENSIVE CARE UNIT	40,466,308		40,466,308			31.00
40.00	04000	SUBPROVIDER - I PF	11,094,159		11,094,159			40.00
41.00	04100	SUBPROVIDER - I RF	46,253,494		46,253,494			41.00
43.00	04300	NURSERY	9,015,866		9,015,866			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	79,579,825	78,466,435	158,046,260	0.147096	0.000000	50.00
50.01	05001	GAMMA KNIFE	69,639	10,680,056	10,749,695	0.305532	0.000000	50.01
50.02	03330	ENDOSCOPY	11,059,714	52,880,899	63,940,613	0.086941	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,843,652	12,734,263	25,577,915	0.134393	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,898,801	1,212,401	13,111,202	0.454521	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,046,676	18,987,434	37,034,110	0.031001	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,386,358	23,770,281	39,156,639	0.124489	0.000000	54.00
54.01	03630	ULTRA SOUND	9,983,672	19,427,576	29,411,248	0.090504	0.000000	54.01
54.02	05401	PET SCAN	50,685	9,872,513	9,923,198	0.087221	0.000000	54.02
54.03	03480	ONCOLOGY	2,438,007	32,031,759	34,469,766	0.096329	0.000000	54.03
54.04	03440	MAMMOGRAPHY	62,198	14,725,467	14,787,665	0.164637	0.000000	54.04
56.00	05600	RADIO SOTOPE	7,261,178	14,375,654	21,636,832	0.127111	0.000000	56.00
57.00	05700	CT SCAN	31,141,891	64,363,411	95,505,302	0.038617	0.000000	57.00
58.00	05800	MRI	12,668,634	28,381,157	41,049,791	0.072226	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,520,724	57,816,024	104,336,748	0.112007	0.000000	59.00
60.00	06000	LABORATORY	101,549,716	143,352,053	244,901,769	0.085607	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,394,482	2,017,204	9,411,686	0.313122	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,827,970	208,364	3,036,334	0.539150	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,142,069	3,521,978	47,664,047	0.106938	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	30,739,223	0	30,739,223	0.186689	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	11,231	12,571,257	12,582,488	0.294375	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	15,557,173	699,022	16,256,195	0.186252	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	20,870,523	17,931,142	38,801,665	0.054769	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,486	3,478,595	4,544,081	0.154424	0.000000	70.00
70.01	07001	NEUROMEG	0	569,996	569,996	0.821729	0.000000	70.01
70.02	07002	SLEEP LAB	10,547	8,927,521	8,938,068	0.187756	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	65,195,848	55,828,741	121,024,589	0.221214	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,285,907	17,990,467	43,276,374	0.692912	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,803,327	57,057,811	160,861,138	0.203020	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,533,886	524,091	7,057,977	0.204297	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	261,568	1,606,252	1,867,820	0.558671	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	397,559	14,361,243	14,758,802	0.236403	0.000000	90.00
90.01	09001	DAY REHAB	0	6,204,226	6,204,226	0.234917	0.000000	90.01
90.02	09002	IMAGING CENTERS	147,484	18,571,392	18,718,876	0.102056	0.000000	90.02
90.03	09003	COUMADIN CLINIC	2,958	1,314,631	1,317,589	0.293960	0.000000	90.03
90.04	09004	WOUND CLINIC	38,483	18,789,292	18,827,775	0.114463	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	208,180	40,409,955	40,618,135	0.077759	0.000000	90.05
91.00	09100	EMERGENCY	32,262,089	75,902,629	108,164,718	0.119412	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,843,861	12,242,829	18,086,690	0.477937	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	12,190,513	12,190,513			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	6,570,810	6,570,810			116.00
200.00		Subtotal (see instructions)	994,446,583	972,567,344	1,967,013,927			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	994,446,583	972,567,344	1,967,013,927			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	GAMMA KNIFE	0.000000	50.01
50.02	03330	ENDOSCOPY	0.000000	50.02
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	03630	ULTRA SOUND	0.000000	54.01
54.02	05401	PET SCAN	0.000000	54.02
54.03	03480	ONCOLOGY	0.000000	54.03
54.04	03440	MAMMOGRAPHY	0.000000	54.04
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
70.01	07001	NEUROLOG	0.000000	70.01
70.02	07002	SLEEP LAB	0.000000	70.02
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
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
76.99	07699	LITHOTRIPSY	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	DAY REHAB	0.000000	90.01
90.02	09002	IMAGING CENTERS	0.000000	90.02
90.03	09003	COUMADIN CLINIC	0.000000	90.03
90.04	09004	WOUND CLINIC	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	90.05
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/30/2015 6:30 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,238,584	0	8,238,584	73,064	112.76	30.00	
31.00	INTENSIVE CARE UNIT	1,624,440		1,624,440	9,000	180.49	31.00	
40.00	SUBPROVIDER - IPF	800,103	0	800,103	5,197	153.95	40.00	
41.00	SUBPROVIDER - IRF	2,644,598	0	2,644,598	21,694	121.90	41.00	
43.00	NURSERY	159,416		159,416	5,326	29.93	43.00	
200.00	Total (lines 30-199)	13,467,141		13,467,141	114,281		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	34,791	3,923,033					30.00
31.00	INTENSIVE CARE UNIT	3,934	710,048					31.00
40.00	SUBPROVIDER - IPF	4,135	636,583					40.00
41.00	SUBPROVIDER - IRF	15,195	1,852,271					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	58,055	7,121,935					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/30/2015 6:30 am		
Title XVIII			Hospital	PPS			
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,275,125	158,046,260	0.014395	31,937,249	459,737	50.00
50.01	05001 GAMMA KNIFE	201,143	10,749,695	0.018712	69,639	1,303	50.01
50.02	03330 ENDOSCOPY	400,197	63,940,613	0.006259	5,832,909	36,508	50.02
51.00	05100 RECOVERY ROOM	334,678	25,577,915	0.013085	5,312,425	69,513	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,027,942	13,111,202	0.078402	12,592	987	52.00
53.00	05300 ANESTHESIOLOGY	85,225	37,034,110	0.002301	7,299,717	16,797	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	504,512	39,156,639	0.012884	8,366,356	107,792	54.00
54.01	03630 ULTRA SOUND	255,845	29,411,248	0.008699	4,929,573	42,882	54.01
54.02	05401 PET SCAN	77,703	9,923,198	0.007830	42,903	336	54.02
54.03	03480 ONCOLOGY	541,000	34,469,766	0.015695	1,188,078	18,647	54.03
54.04	03440 MAMMOGRAPHY	313,991	14,787,665	0.021233	44,561	946	54.04
56.00	05600 RADIOISOTOPE	318,502	21,636,832	0.014720	4,391,776	64,647	56.00
57.00	05700 CT SCAN	264,672	95,505,302	0.002771	16,488,117	45,689	57.00
58.00	05800 MRI	352,541	41,049,791	0.008588	6,268,895	53,837	58.00
59.00	05900 CARDIAC CATHETERIZATION	912,605	104,336,748	0.008747	23,108,007	202,126	59.00
60.00	06000 LABORATORY	1,192,413	244,901,769	0.004869	47,663,509	232,074	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	81,850	9,411,686	0.008697	3,232,279	28,111	63.00
64.00	06400 INTRAVENOUS THERAPY	39,098	3,036,334	0.012877	1,431,341	18,431	64.00
65.00	06500 RESPIRATORY THERAPY	165,908	47,664,047	0.003481	21,675,520	75,452	65.00
66.00	06600 PHYSICAL THERAPY	465,550	30,739,223	0.015145	31,208	473	66.00
66.01	06601 REHAB OUTPATIENT	353,596	12,582,488	0.028102	11,231	316	66.01
66.02	06602 REHAB MED SURGICAL	68,933	16,256,195	0.004240	9,125,320	38,691	66.02
69.00	06900 ELECTROCARDIOLOGY	184,848	38,801,665	0.004764	11,656,973	55,534	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	128,832	4,544,081	0.028352	647,215	18,350	70.00
70.01	07001 NEUROMEG	28,806	569,996	0.050537	0	0	70.01
70.02	07002 SLEEP LAB	307,998	8,938,068	0.034459	5,805	200	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	405,445	121,024,589	0.003350	30,369,671	101,738	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	476,614	43,276,374	0.011013	11,894,656	130,996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	488,318	160,861,138	0.003036	49,551,575	150,439	73.00
74.00	07400 RENAL DIALYSIS	55,336	7,057,977	0.007840	2,710,584	21,251	74.00
76.97	07697 CARDIAC REHABILITATION	215,908	1,867,820	0.115594	121,927	14,094	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	520,930	14,758,802	0.035296	191,702	6,766	90.00
90.01	09001 DAY REHAB	115,968	6,204,226	0.018692	0	0	90.01
90.02	09002 IMAGING CENTERS	21,814	18,718,876	0.001165	103,117	120	90.02
90.03	09003 COUMADIN CLINIC	32,222	1,317,589	0.024455	2,765	68	90.03
90.04	09004 WOUND CLINIC	321,255	18,827,775	0.017063	31,538	538	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	60,683	40,618,135	0.001494	154,809	231	90.05
91.00	09100 EMERGENCY	838,425	108,164,718	0.007751	17,178,834	133,153	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	865,312	18,086,690	0.047842	2,639,796	126,293	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	15,301,743	1,676,967,245		325,724,172	2,275,066	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 11/30/2015 6:30 am	
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	407,099	0	0	407,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,031	0	0	56,031	31.00
40.00	04000	SUBPROVIDER - IPF	0	32,355	0	0	32,355	40.00
41.00	04100	SUBPROVIDER - IRF	0	135,060	0	0	135,060	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	630,545	0	0	630,545	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	73,064	5.57	34,791	193,786		30.00
31.00	03100	INTENSIVE CARE UNIT	9,000	6.23	3,934	24,509		31.00
40.00	04000	SUBPROVIDER - IPF	5,197	6.23	4,135	25,761		40.00
41.00	04100	SUBPROVIDER - IRF	21,694	6.23	15,195	94,665		41.00
43.00	04300	NURSERY	5,326	0.00	0	0		43.00
200.00		Total (lines 30-199)	114,281		58,055	338,721		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	NEUROLOG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	0	70.02
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
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	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	42,755	0	42,755	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	42,755	0	42,755	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	158,046,260	0.000000	0.000000	31,937,249	50.00
50.01	05001 GAMMA KNIFE	0	10,749,695	0.000000	0.000000	69,639	50.01
50.02	03330 ENDOSCOPY	0	63,940,613	0.000000	0.000000	5,832,909	50.02
51.00	05100 RECOVERY ROOM	0	25,577,915	0.000000	0.000000	5,312,425	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,111,202	0.000000	0.000000	12,592	52.00
53.00	05300 ANESTHESIOLOGY	0	37,034,110	0.000000	0.000000	7,299,717	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	39,156,639	0.000000	0.000000	8,366,356	54.00
54.01	03630 ULTRA SOUND	0	29,411,248	0.000000	0.000000	4,929,573	54.01
54.02	05401 PET SCAN	0	9,923,198	0.000000	0.000000	42,903	54.02
54.03	03480 ONCOLOGY	0	34,469,766	0.000000	0.000000	1,188,078	54.03
54.04	03440 MAMMOGRAPHY	0	14,787,665	0.000000	0.000000	44,561	54.04
56.00	05600 RADIOISOTOPE	0	21,636,832	0.000000	0.000000	4,391,776	56.00
57.00	05700 CT SCAN	0	95,505,302	0.000000	0.000000	16,488,117	57.00
58.00	05800 MRI	0	41,049,791	0.000000	0.000000	6,268,895	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	104,336,748	0.000000	0.000000	23,108,007	59.00
60.00	06000 LABORATORY	0	244,901,769	0.000000	0.000000	47,663,509	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	9,411,686	0.000000	0.000000	3,232,279	63.00
64.00	06400 INTRAVENOUS THERAPY	0	3,036,334	0.000000	0.000000	1,431,341	64.00
65.00	06500 RESPIRATORY THERAPY	0	47,664,047	0.000000	0.000000	21,675,520	65.00
66.00	06600 PHYSICAL THERAPY	0	30,739,223	0.000000	0.000000	31,208	66.00
66.01	06601 REHAB OUTPATIENT	0	12,582,488	0.000000	0.000000	11,231	66.01
66.02	06602 REHAB MED SURGICAL	0	16,256,195	0.000000	0.000000	9,125,320	66.02
69.00	06900 ELECTROCARDIOLOGY	0	38,801,665	0.000000	0.000000	11,656,973	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,544,081	0.000000	0.000000	647,215	70.00
70.01	07001 NEUROMEG	0	569,996	0.000000	0.000000	0	70.01
70.02	07002 SLEEP LAB	0	8,938,068	0.000000	0.000000	5,805	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,024,589	0.000000	0.000000	30,369,671	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	43,276,374	0.000000	0.000000	11,894,656	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	160,861,138	0.000000	0.000000	49,551,575	73.00
74.00	07400 RENAL DIALYSIS	0	7,057,977	0.000000	0.000000	2,710,584	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,867,820	0.000000	0.000000	121,927	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	14,758,802	0.000000	0.000000	191,702	90.00
90.01	09001 DAY REHAB	0	6,204,226	0.000000	0.000000	0	90.01
90.02	09002 IMAGING CENTERS	0	18,718,876	0.000000	0.000000	103,117	90.02
90.03	09003 COUMADIN CLINIC	0	1,317,589	0.000000	0.000000	2,765	90.03
90.04	09004 WOUND CLINIC	0	18,827,775	0.000000	0.000000	31,538	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	40,618,135	0.000000	0.000000	154,809	90.05
91.00	09100 EMERGENCY	0	108,164,718	0.000000	0.000000	17,178,834	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	42,755	18,086,690	0.002364	0.002364	2,639,796	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (Lines 50-199)	42,755	1,676,967,245			325,724,172	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	14,559,152	0	50.00
50.01 05001 GAMMA KNIFE	0	4,143,311	0	50.01
50.02 03330 ENDOSCOPY	0	15,894,988	0	50.02
51.00 05100 RECOVERY ROOM	0	2,525,550	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	809	0	52.00
53.00 05300 ANESTHESIOLOGY	0	3,568,099	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,368,339	0	54.00
54.01 03630 ULTRASOUND	0	4,038,221	0	54.01
54.02 05401 PET SCAN	0	4,901,428	0	54.02
54.03 03480 ONCOLOGY	0	15,157,228	0	54.03
54.04 03440 MAMMOGRAPHY	0	1,118,391	0	54.04
56.00 05600 RADIOISOTOPE	0	5,866,286	0	56.00
57.00 05700 CT SCAN	0	19,033,157	0	57.00
58.00 05800 MRI	0	8,595,067	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	28,296,668	0	59.00
60.00 06000 LABORATORY	0	15,423,430	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	581,423	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	75,759	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	913,891	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	4,870	0	66.01
66.02 06602 REHAB MED SURGICAL	0	1,265	0	66.02
69.00 06900 ELECTROCARDIOLOGY	0	5,874,407	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	828,720	0	70.00
70.01 07001 NEUROMEG	0	100,211	0	70.01
70.02 07002 SLEEP LAB	0	2,100,955	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,859,868	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,275,960	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	20,751,607	0	73.00
74.00 07400 RENAL DIALYSIS	0	371,379	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	729,381	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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	6,145,539	0	90.00
90.01 09001 DAY REHAB	0	0	0	90.01
90.02 09002 IMAGING CENTERS	0	5,165,400	0	90.02
90.03 09003 COUMADIN CLINIC	0	679,579	0	90.03
90.04 09004 WOUND CLINIC	0	7,693,647	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	19,847,835	0	90.05
91.00 09100 EMERGENCY	0	14,247,297	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	6,240	3,672,194	8,681	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00 Total (Lines 50-199)	6,240	266,411,311	8,681	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am				
		Title XVIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.147096	14,559,152	6,266	0	2,141,593	50.00
50.01	05001	GAMMA KNIFE	0.305532	4,143,311	0	0	1,265,914	50.01
50.02	03330	ENDOSCOPY	0.086941	15,894,988	0	0	1,381,926	50.02
51.00	05100	RECOVERY ROOM	0.134393	2,525,550	0	0	339,416	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454521	809	0	0	368	52.00
53.00	05300	ANESTHESIOLOGY	0.031001	3,568,099	0	0	110,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124489	6,368,339	2,340	0	792,788	54.00
54.01	03630	ULTRA SOUND	0.090504	4,038,221	0	0	365,475	54.01
54.02	05401	PET SCAN	0.087221	4,901,428	0	0	427,507	54.02
54.03	03480	ONCOLOGY	0.096329	15,157,228	0	0	1,460,081	54.03
54.04	03440	MAMMOGRAPHY	0.164637	1,118,391	0	0	184,129	54.04
56.00	05600	RADIOISOTOPE	0.127111	5,866,286	0	0	745,669	56.00
57.00	05700	CT SCAN	0.038617	19,033,157	0	0	735,003	57.00
58.00	05800	MRI	0.072226	8,595,067	0	0	620,787	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112007	28,296,668	0	0	3,169,425	59.00
60.00	06000	LABORATORY	0.085607	15,423,430	12,092	0	1,320,354	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.313122	581,423	0	0	182,056	63.00
64.00	06400	INTRAVENOUS THERAPY	0.539150	75,759	0	0	40,845	64.00
65.00	06500	RESPIRATORY THERAPY	0.106938	913,891	0	0	97,730	65.00
66.00	06600	PHYSICAL THERAPY	0.186689	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.294375	4,870	0	0	1,434	66.01
66.02	06602	REHAB MED SURGICAL	0.186252	1,265	0	0	236	66.02
69.00	06900	ELECTROCARDIOLOGY	0.054769	5,874,407	0	0	321,735	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.154424	828,720	0	0	127,974	70.00
70.01	07001	NEUROMEG	0.821729	100,211	0	0	82,346	70.01
70.02	07002	SLEEP LAB	0.187756	2,100,955	0	0	394,467	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	19,859,868	472	0	4,393,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692912	7,275,960	0	0	5,041,600	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203020	20,751,607	0	141,750	4,212,991	73.00
74.00	07400	RENAL DIALYSIS	0.204297	371,379	0	0	75,872	74.00
76.97	07697	CARDIAC REHABILITATION	0.558671	729,381	0	0	407,484	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.236403	6,145,539	0	0	1,452,824	90.00
90.01	09001	DAY REHAB	0.234917	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.102056	5,165,400	0	0	527,160	90.02
90.03	09003	COUMADIN CLINIC	0.293960	679,579	0	0	199,769	90.03
90.04	09004	WOUND CLINIC	0.114463	7,693,647	0	0	880,638	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.077759	19,847,835	0	0	1,543,348	90.05
91.00	09100	EMERGENCY	0.119412	14,247,297	112,448	0	1,701,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.477937	3,672,194	0	0	1,755,077	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00		Subtotal (see instructions)		266,411,311	133,618	141,750	38,501,215	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		266,411,311	133,618	141,750	38,501,215	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	922	0		50.00
50.01 05001 GAMMA KNIFE	0	0		50.01
50.02 03330 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	291	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
54.02 05401 PET SCAN	0	0		54.02
54.03 03480 ONCOLOGY	0	0		54.03
54.04 03440 MAMMOGRAPHY	0	0		54.04
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,035	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 REHAB OUTPATIENT	0	0		66.01
66.02 06602 REHAB MED SURGICAL	0	0		66.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 NEUROLOG	0	0		70.01
70.02 07002 SLEEP LAB	0	0		70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	104	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28,778		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DAY REHAB	0	0		90.01
90.02 09002 IMAGING CENTERS	0	0		90.02
90.03 09003 COUMADIN CLINIC	0	0		90.03
90.04 09004 WOUND CLINIC	0	0		90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0		90.05
91.00 09100 EMERGENCY	13,428	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	15,780	28,778	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	15,780	28,778	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258 Component CCN: 14S258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/30/2015 6:30 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,275,125	158,046,260	0.014395	0	0	50.00
50.01	05001	GAMMA KNIFE	201,143	10,749,695	0.018712	0	0	50.01
50.02	03330	ENDOSCOPY	400,197	63,940,613	0.006259	6,878	43	50.02
51.00	05100	RECOVERY ROOM	334,678	25,577,915	0.013085	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,027,942	13,111,202	0.078402	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,225	37,034,110	0.002301	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	504,512	39,156,639	0.012884	130,236	1,678	54.00
54.01	03630	ULTRA SOUND	255,845	29,411,248	0.008699	45,304	394	54.01
54.02	05401	PET SCAN	77,703	9,923,198	0.007830	0	0	54.02
54.03	03480	ONCOLOGY	541,000	34,469,766	0.015695	0	0	54.03
54.04	03440	MAMMOGRAPHY	313,991	14,787,665	0.021233	0	0	54.04
56.00	05600	RADIO SOTOPE	318,502	21,636,832	0.014720	0	0	56.00
57.00	05700	CT SCAN	264,672	95,505,302	0.002771	173,297	480	57.00
58.00	05800	MRI	352,541	41,049,791	0.008588	3,732	32	58.00
59.00	05900	CARDIAC CATHETERIZATION	912,605	104,336,748	0.008747	0	0	59.00
60.00	06000	LABORATORY	1,192,413	244,901,769	0.004869	1,369,557	6,668	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,850	9,411,686	0.008697	314	3	63.00
64.00	06400	INTRAVENOUS THERAPY	39,098	3,036,334	0.012877	2,089	27	64.00
65.00	06500	RESPIRATORY THERAPY	165,908	47,664,047	0.003481	110,491	385	65.00
66.00	06600	PHYSICAL THERAPY	465,550	30,739,223	0.015145	0	0	66.00
66.01	06601	REHAB OUTPATIENT	353,596	12,582,488	0.028102	0	0	66.01
66.02	06602	REHAB MED SURGICAL	68,933	16,256,195	0.004240	355,894	1,509	66.02
69.00	06900	ELECTROCARDIOLOGY	184,848	38,801,665	0.004764	94,506	450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,832	4,544,081	0.028352	2,725	77	70.00
70.01	07001	NEUROMEG	28,806	569,996	0.050537	0	0	70.01
70.02	07002	SLEEP LAB	307,998	8,938,068	0.034459	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,445	121,024,589	0.003350	57,107	191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	476,614	43,276,374	0.011013	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	488,318	160,861,138	0.003036	1,066,183	3,237	73.00
74.00	07400	RENAL DIALYSIS	55,336	7,057,977	0.007840	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	215,908	1,867,820	0.115594	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	520,930	14,758,802	0.035296	0	0	90.00
90.01	09001	DAY REHAB	115,968	6,204,226	0.018692	0	0	90.01
90.02	09002	IMAGING CENTERS	21,814	18,718,876	0.001165	0	0	90.02
90.03	09003	COUMADIN CLINIC	32,222	1,317,589	0.024455	0	0	90.03
90.04	09004	WOUND CLINIC	321,255	18,827,775	0.017063	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	60,683	40,618,135	0.001494	0	0	90.05
91.00	09100	EMERGENCY	838,425	108,164,718	0.007751	335,486	2,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,086,690	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	14,436,431	1,676,967,245		3,753,799	17,774	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	05401 PET SCAN	0	0	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEUROLOG	0	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	0	0	70.02
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140258 Component CCN: 14S258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	158,046,260	0.000000	0.000000	0	50.00
50.01	05001	GAMMA KNIFE	0	10,749,695	0.000000	0.000000	0	50.01
50.02	03330	ENDOSCOPY	0	63,940,613	0.000000	0.000000	6,878	50.02
51.00	05100	RECOVERY ROOM	0	25,577,915	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,111,202	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	37,034,110	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,156,639	0.000000	0.000000	130,236	54.00
54.01	03630	ULTRA SOUND	0	29,411,248	0.000000	0.000000	45,304	54.01
54.02	05401	PET SCAN	0	9,923,198	0.000000	0.000000	0	54.02
54.03	03480	ONCOLOGY	0	34,469,766	0.000000	0.000000	0	54.03
54.04	03440	MAMMOGRAPHY	0	14,787,665	0.000000	0.000000	0	54.04
56.00	05600	RADIOISOTOPE	0	21,636,832	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	95,505,302	0.000000	0.000000	173,297	57.00
58.00	05800	MRI	0	41,049,791	0.000000	0.000000	3,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	104,336,748	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	244,901,769	0.000000	0.000000	1,369,557	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,411,686	0.000000	0.000000	314	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,036,334	0.000000	0.000000	2,089	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,664,047	0.000000	0.000000	110,491	65.00
66.00	06600	PHYSICAL THERAPY	0	30,739,223	0.000000	0.000000	0	66.00
66.01	06601	REHAB OUTPATIENT	0	12,582,488	0.000000	0.000000	0	66.01
66.02	06602	REHAB MED SURGICAL	0	16,256,195	0.000000	0.000000	355,894	66.02
69.00	06900	ELECTROCARDIOLOGY	0	38,801,665	0.000000	0.000000	94,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,544,081	0.000000	0.000000	2,725	70.00
70.01	07001	NEUROMEG	0	569,996	0.000000	0.000000	0	70.01
70.02	07002	SLEEP LAB	0	8,938,068	0.000000	0.000000	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,024,589	0.000000	0.000000	57,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	43,276,374	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	160,861,138	0.000000	0.000000	1,066,183	73.00
74.00	07400	RENAL DIALYSIS	0	7,057,977	0.000000	0.000000	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,867,820	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	14,758,802	0.000000	0.000000	0	90.00
90.01	09001	DAY REHAB	0	6,204,226	0.000000	0.000000	0	90.01
90.02	09002	IMAGING CENTERS	0	18,718,876	0.000000	0.000000	0	90.02
90.03	09003	COUMADIN CLINIC	0	1,317,589	0.000000	0.000000	0	90.03
90.04	09004	WOUND CLINIC	0	18,827,775	0.000000	0.000000	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	40,618,135	0.000000	0.000000	0	90.05
91.00	09100	EMERGENCY	0	108,164,718	0.000000	0.000000	335,486	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,086,690	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	1,676,967,245			3,753,799	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am PPS
		Title XVIIII	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,429	0	54.00
54.01	03630 ULTRA SOUND	0	3,054	0	54.01
54.02	05401 PET SCAN	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	11,401	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	7,326	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,323	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	3,726	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	33,259	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am		
		Component CCN: 14S258	Title XVII I	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.147096	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.305532	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.086941	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.134393	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454521	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031001	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124489	6,429	0	0	800 54.00
54.01	03630 ULTRA SOUND	0.090504	3,054	0	0	276 54.01
54.02	05401 PET SCAN	0.087221	0	0	0	0 54.02
54.03	03480 ONCOLOGY	0.096329	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.164637	0	0	0	0 54.04
56.00	05600 RADIOISOTOPE	0.127111	0	0	0	0 56.00
57.00	05700 CT SCAN	0.038617	11,401	0	0	440 57.00
58.00	05800 MRI	0.072226	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112007	0	0	0	0 59.00
60.00	06000 LABORATORY	0.085607	7,326	0	0	627 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.313122	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.539150	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.106938	1,323	0	0	141 65.00
66.00	06600 PHYSICAL THERAPY	0.186689	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.294375	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.186252	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.054769	3,726	0	0	204 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154424	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.821729	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.187756	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.692912	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203020	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.204297	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.558671	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.236403	0	0	0	90.00
90.01	09001 DAY REHAB	0.234917	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0.102056	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.293960	0	0	0	90.03
90.04	09004 WOUND CLINIC	0.114463	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.077759	0	0	0	90.05
91.00	09100 EMERGENCY	0.119412	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.477937	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		33,259	0	0	2,488 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		33,259	0	0	2,488 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am
	Component CCN: 14S258	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 GAMMA KNIFE	0	0	50.01
50.02 03330 ENDOSCOPY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRASOUND	0	0	54.01
54.02 05401 PET SCAN	0	0	54.02
54.03 03480 ONCOLOGY	0	0	54.03
54.04 03440 MAMMOGRAPHY	0	0	54.04
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	0	66.01
66.02 06602 REHAB MED SURGICAL	0	0	66.02
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 NEUROMEG	0	0	70.01
70.02 07002 SLEEP LAB	0	0	70.02
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DAY REHAB	0	0	90.01
90.02 09002 IMAGING CENTERS	0	0	90.02
90.03 09003 COUMADIN CLINIC	0	0	90.03
90.04 09004 WOUND CLINIC	0	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/30/2015 6:30 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,275,125	158,046,260	0.014395	19,096	275	50.00
50.01	05001	GAMMA KNIFE	201,143	10,749,695	0.018712	0	0	50.01
50.02	03330	ENDOSCOPY	400,197	63,940,613	0.006259	113,335	709	50.02
51.00	05100	RECOVERY ROOM	334,678	25,577,915	0.013085	4,661	61	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,027,942	13,111,202	0.078402	0	0	52.00
53.00	05300	ANESTHESIOLOGY	85,225	37,034,110	0.002301	1,543	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	504,512	39,156,639	0.012884	429,073	5,528	54.00
54.01	03630	ULTRA SOUND	255,845	29,411,248	0.008699	405,580	3,528	54.01
54.02	05401	PET SCAN	77,703	9,923,198	0.007830	0	0	54.02
54.03	03480	ONCOLOGY	541,000	34,469,766	0.015695	184,321	2,893	54.03
54.04	03440	MAMMOGRAPHY	313,991	14,787,665	0.021233	0	0	54.04
56.00	05600	RADIOISOTOPE	318,502	21,636,832	0.014720	50,047	737	56.00
57.00	05700	CT SCAN	264,672	95,505,302	0.002771	509,588	1,412	57.00
58.00	05800	MRI	352,541	41,049,791	0.008588	127,133	1,092	58.00
59.00	05900	CARDIAC CATHETERIZATION	912,605	104,336,748	0.008747	142,150	1,243	59.00
60.00	06000	LABORATORY	1,192,413	244,901,769	0.004869	5,753,963	28,016	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,850	9,411,686	0.008697	46,721	406	63.00
64.00	06400	INTRAVENOUS THERAPY	39,098	3,036,334	0.012877	35,655	459	64.00
65.00	06500	RESPIRATORY THERAPY	165,908	47,664,047	0.003481	1,633,315	5,686	65.00
66.00	06600	PHYSICAL THERAPY	465,550	30,739,223	0.015145	21,409,227	324,243	66.00
66.01	06601	REHAB OUTPATIENT	353,596	12,582,488	0.028102	0	0	66.01
66.02	06602	REHAB MED SURGICAL	68,933	16,256,195	0.004240	21,941	93	66.02
69.00	06900	ELECTROCARDIOLOGY	184,848	38,801,665	0.004764	126,874	604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,832	4,544,081	0.028352	10,979	311	70.00
70.01	07001	NEUROMEG	28,806	569,996	0.050537	0	0	70.01
70.02	07002	SLEEP LAB	307,998	8,938,068	0.034459	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,445	121,024,589	0.003350	174,131	583	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	476,614	43,276,374	0.011013	14,977	165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	488,318	160,861,138	0.003036	5,420,084	16,455	73.00
74.00	07400	RENAL DIALYSIS	55,336	7,057,977	0.007840	617,608	4,842	74.00
76.97	07697	CARDIAC REHABILITATION	215,908	1,867,820	0.115594	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	520,930	14,758,802	0.035296	6,922	244	90.00
90.01	09001	DAY REHAB	115,968	6,204,226	0.018692	0	0	90.01
90.02	09002	IMAGING CENTERS	21,814	18,718,876	0.001165	0	0	90.02
90.03	09003	COUMADIN CLINIC	32,222	1,317,589	0.024455	0	0	90.03
90.04	09004	WOUND CLINIC	321,255	18,827,775	0.017063	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	60,683	40,618,135	0.001494	2,463	4	90.05
91.00	09100	EMERGENCY	838,425	108,164,718	0.007751	80,172	621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,086,690	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	14,436,431	1,676,967,245		37,341,559	400,214	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	05401 PET SCAN	0	0	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	0	0	70.02
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	158,046,260	0.000000	0.000000	19,096	50.00
50.01	05001	GAMMA KNIFE	0	10,749,695	0.000000	0.000000	0	50.01
50.02	03330	ENDOSCOPY	0	63,940,613	0.000000	0.000000	113,335	50.02
51.00	05100	RECOVERY ROOM	0	25,577,915	0.000000	0.000000	4,661	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,111,202	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	37,034,110	0.000000	0.000000	1,543	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,156,639	0.000000	0.000000	429,073	54.00
54.01	03630	ULTRA SOUND	0	29,411,248	0.000000	0.000000	405,580	54.01
54.02	05401	PET SCAN	0	9,923,198	0.000000	0.000000	0	54.02
54.03	03480	ONCOLOGY	0	34,469,766	0.000000	0.000000	184,321	54.03
54.04	03440	MAMMOGRAPHY	0	14,787,665	0.000000	0.000000	0	54.04
56.00	05600	RADIOISOTOPE	0	21,636,832	0.000000	0.000000	50,047	56.00
57.00	05700	CT SCAN	0	95,505,302	0.000000	0.000000	509,588	57.00
58.00	05800	MRI	0	41,049,791	0.000000	0.000000	127,133	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	104,336,748	0.000000	0.000000	142,150	59.00
60.00	06000	LABORATORY	0	244,901,769	0.000000	0.000000	5,753,963	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	9,411,686	0.000000	0.000000	46,721	63.00
64.00	06400	INTRAVENOUS THERAPY	0	3,036,334	0.000000	0.000000	35,655	64.00
65.00	06500	RESPIRATORY THERAPY	0	47,664,047	0.000000	0.000000	1,633,315	65.00
66.00	06600	PHYSICAL THERAPY	0	30,739,223	0.000000	0.000000	21,409,227	66.00
66.01	06601	REHAB OUTPATIENT	0	12,582,488	0.000000	0.000000	0	66.01
66.02	06602	REHAB MED SURGICAL	0	16,256,195	0.000000	0.000000	21,941	66.02
69.00	06900	ELECTROCARDIOLOGY	0	38,801,665	0.000000	0.000000	126,874	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,544,081	0.000000	0.000000	10,979	70.00
70.01	07001	NEUROMEG	0	569,996	0.000000	0.000000	0	70.01
70.02	07002	SLEEP LAB	0	8,938,068	0.000000	0.000000	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,024,589	0.000000	0.000000	174,131	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	43,276,374	0.000000	0.000000	14,977	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	160,861,138	0.000000	0.000000	5,420,084	73.00
74.00	07400	RENAL DIALYSIS	0	7,057,977	0.000000	0.000000	617,608	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,867,820	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	14,758,802	0.000000	0.000000	6,922	90.00
90.01	09001	DAY REHAB	0	6,204,226	0.000000	0.000000	0	90.01
90.02	09002	IMAGING CENTERS	0	18,718,876	0.000000	0.000000	0	90.02
90.03	09003	COUMADIN CLINIC	0	1,317,589	0.000000	0.000000	0	90.03
90.04	09004	WOUND CLINIC	0	18,827,775	0.000000	0.000000	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	40,618,135	0.000000	0.000000	2,463	90.05
91.00	09100	EMERGENCY	0	108,164,718	0.000000	0.000000	80,172	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,086,690	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00		Total (lines 50-199)	0	1,676,967,245			37,341,559	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/30/2015 6:30 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,404	0	54.00
54.01	03630 ULTRA SOUND	0	1,975	0	54.01
54.02	05401 PET SCAN	0	0	0	54.02
54.03	03480 ONCOLOGY	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	11,279	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	10,398	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	1,236	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	170	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,985	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	41,447	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am		
		Component CCN: 14T258	Title XVII I	Subprovider - IRF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.147096	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.305532	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.086941	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.134393	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454521	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031001	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124489	11,404	0	0	1,420 54.00
54.01	03630 ULTRA SOUND	0.090504	1,975	0	0	179 54.01
54.02	05401 PET SCAN	0.087221	0	0	0	0 54.02
54.03	03480 ONCOLOGY	0.096329	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.164637	0	0	0	0 54.04
56.00	05600 RADIO SOTOP	0.127111	0	0	0	0 56.00
57.00	05700 CT SCAN	0.038617	11,279	0	0	436 57.00
58.00	05800 MRI	0.072226	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112007	0	0	0	0 59.00
60.00	06000 LABORATORY	0.085607	10,398	0	0	890 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.313122	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.539150	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.106938	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.186689	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.294375	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.186252	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.054769	1,236	0	0	68 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.154424	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.821729	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.187756	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	170	0	0	38 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.692912	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203020	4,985	0	3,135	1,012 73.00
74.00	07400 RENAL DIALYSIS	0.204297	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.558671	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.236403	0	0	0	0 90.00
90.01	09001 DAY REHAB	0.234917	0	0	0	0 90.01
90.02	09002 IMAGING CENTERS	0.102056	0	0	0	0 90.02
90.03	09003 COUMADIN CLINIC	0.293960	0	0	0	0 90.03
90.04	09004 WOUND CLINIC	0.114463	0	0	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.077759	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.119412	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.477937	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		41,447	0	3,135	4,043 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,447	0	3,135	4,043 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/30/2015 6:30 am
	Component CCN: 14T258	Title XVII I	Subprovider - IRF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 GAMMA KNIFE	0	0	50.01
50.02 03330 ENDOSCOPY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRASOUND	0	0	54.01
54.02 05401 PET SCAN	0	0	54.02
54.03 03480 ONCOLOGY	0	0	54.03
54.04 03440 MAMMOGRAPHY	0	0	54.04
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	0	66.01
66.02 06602 REHAB MED SURGICAL	0	0	66.02
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 07001 NEUROMEG	0	0	70.01
70.02 07002 SLEEP LAB	0	0	70.02
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	636	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DAY REHAB	0	0	90.01
90.02 09002 IMAGING CENTERS	0	0	90.02
90.03 09003 COUMADIN CLINIC	0	0	90.03
90.04 09004 WOUND CLINIC	0	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00	Subtotal (see instructions)	0	636
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0
202.00	Net Charges (line 200 +/- line 201)	0	636

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part III Date/Time Prepared: 11/30/2015 6:30 am	
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	407,099	0	0	407,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	56,031	0	0	56,031	31.00
40.00	04000	SUBPROVIDER - IPF	0	32,355	0	0	32,355	40.00
41.00	04100	SUBPROVIDER - IRF	0	135,060	0	0	135,060	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	630,545	0	0	630,545	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	73,064	5.57	3,980	22,169		30.00
31.00	03100	INTENSIVE CARE UNIT	9,000	6.23	359	2,237		31.00
40.00	04000	SUBPROVIDER - IPF	5,197	6.23	187	1,165		40.00
41.00	04100	SUBPROVIDER - IRF	21,694	6.23	669	4,168		41.00
43.00	04300	NURSERY	5,326	0.00	1,824	0		43.00
200.00		Total (lines 30-199)	114,281		7,019	29,739		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,064	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,064	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)		65,390	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)		34,791	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		82,302,252	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)		82,302,252	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		82,302,252	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,126.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39,189,974	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)		39,189,974	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	17,817,216	9,000	1,979.69	3,934	7,788,100		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					51,680,786		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					98,658,860		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,851,376		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,281,306		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,132,682		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					91,526,178		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					7,674		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,126.44		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,644,301		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,238,584	82,302,252	0.100102	8,644,301	865,312	90.00
91.00	Nursing School cost	0	82,302,252	0.000000	8,644,301	0	91.00
92.00	Allied health cost	407,099	82,302,252	0.004946	8,644,301	42,755	92.00
93.00	All other Medical Education	0	82,302,252	0.000000	8,644,301	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14S258		Date/Time Prepared: 11/30/2015 6:30 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,197	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,197	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)		5,197	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)		4,135	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,326,178	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)		5,326,178	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,326,178	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,024.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,237,796	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,237,796	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14S258				Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							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)					499,220		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,737,016		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					662,344		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,774		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					680,118		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,056,898		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14S258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	800,103	5,326,178	0.150221	0	0	90.00
91.00	Nursing School cost	0	5,326,178	0.000000	0	0	91.00
92.00	Allied health cost	32,355	5,326,178	0.006075	0	0	92.00
93.00	All other Medical Education	0	5,326,178	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14T258		Date/Time Prepared: 11/30/2015 6:30 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,694	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,694	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)		21,694	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,195	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,725,076	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,725,076	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,725,076	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,324.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,119,700	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)		20,119,700	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T258				Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							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)					6,170,041		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,289,741		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,946,936		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					400,214		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,347,150		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,942,591		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,644,598	28,725,076	0.092066	0	0	90.00
91.00	Nursing School cost	0	28,725,076	0.000000	0	0	91.00
92.00	Allied health cost	135,060	28,725,076	0.004702	0	0	92.00
93.00	All other Medical Education	0	28,725,076	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		73,064	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		73,064	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)		65,390	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)		3,980	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)		5,326	15.00
16.00	Nursery days (title V or XIX only)		1,824	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		82,267,713	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)		82,267,713	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		82,267,713	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,125.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,481,361	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,481,361	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,324,232	5,326	436.39	1,824	795,975	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	17,817,216	9,000	1,979.69	359	710,709	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,988,045	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,674	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,125.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,640,694	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,238,584	82,267,713	0.100144	8,640,694	865,314	90.00
91.00	Nursing School cost	0	82,267,713	0.000000	8,640,694	0	91.00
92.00	Allied health cost	407,099	82,267,713	0.004948	8,640,694	42,754	92.00
93.00	All other Medical Education	0	82,267,713	0.000000	8,640,694	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1
		Component CCN: 14T258		Date/Time Prepared: 11/30/2015 6:30 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,694	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,694	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)		21,694	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)		669	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)		5,326	15.00
16.00	Nursery days (title V or XIX only)		1,824	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,725,076	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,725,076	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,725,076	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,324.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		885,823	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)		885,823	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T258		Date/Time Prepared: 11/30/2015 6:30 am			
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							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)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					885,823		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/30/2015 6:30 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,644,598	28,725,076	0.092066	0	0	90.00
91.00	Nursing School cost	0	28,725,076	0.000000	0	0	91.00
92.00	Allied health cost	135,060	28,725,076	0.004702	0	0	92.00
93.00	All other Medical Education	0	28,725,076	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/30/2015 6:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		84,985,226	30.00
31.00	03100	INTENSIVE CARE UNIT		20,171,954	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.147096	31,937,249	50.00
50.01	05001	GAMMA KNIFE	0.307625	69,639	50.01
50.02	03330	ENDOSCOPY	0.086941	5,832,909	50.02
51.00	05100	RECOVERY ROOM	0.134393	5,312,425	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454521	12,592	52.00
53.00	05300	ANESTHESIOLOGY	0.031001	7,299,717	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124489	8,366,356	54.00
54.01	03630	ULTRA SOUND	0.090504	4,929,573	54.01
54.02	05401	PET SCAN	0.087221	42,903	54.02
54.03	03480	ONCOLOGY	0.096329	1,188,078	54.03
54.04	03440	MAMMOGRAPHY	0.164637	44,561	54.04
56.00	05600	RADIOISOTOPE	0.127111	4,391,776	56.00
57.00	05700	CT SCAN	0.038617	16,488,117	57.00
58.00	05800	MRI	0.072226	6,268,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112007	23,108,007	59.00
60.00	06000	LABORATORY	0.085628	47,663,509	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.313122	3,232,279	63.00
64.00	06400	INTRAVENOUS THERAPY	0.539150	1,431,341	64.00
65.00	06500	RESPIRATORY THERAPY	0.106938	21,675,520	65.00
66.00	06600	PHYSICAL THERAPY	0.186689	31,208	66.00
66.01	06601	REHAB OUTPATIENT	0.294375	11,231	66.01
66.02	06602	REHAB MED SURGICAL	0.186252	9,125,320	66.02
69.00	06900	ELECTROCARDIOLOGY	0.054769	11,656,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155388	647,215	70.00
70.01	07001	NEUROMEG	0.821729	0	70.01
70.02	07002	SLEEP LAB	0.187756	5,805	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	30,369,671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692912	11,894,656	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203020	49,551,575	73.00
74.00	07400	RENAL DIALYSIS	0.204297	2,710,584	74.00
76.97	07697	CARDIAC REHABILITATION	0.558671	121,927	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.236403	191,702	90.00
90.01	09001	DAY REHAB	0.234917	0	90.01
90.02	09002	IMAGING CENTERS	0.102056	103,117	90.02
90.03	09003	COUMADIN CLINIC	0.293960	2,765	90.03
90.04	09004	WOUND CLINIC	0.114463	31,538	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.077859	154,809	90.05
91.00	09100	EMERGENCY	0.119412	17,178,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.477937	2,639,796	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		325,724,172	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)		325,724,172	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 14S258		Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		8,824,647	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.147096	0	50.00
50.01	05001	GAMMA KNIFE	0.307625	0	50.01
50.02	03330	ENDOSCOPY	0.086941	6,878	598 50.02
51.00	05100	RECOVERY ROOM	0.134393	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454521	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031001	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.124489	130,236	16,213 54.00
54.01	03630	ULTRA SOUND	0.090504	45,304	4,100 54.01
54.02	05401	PET SCAN	0.087221	0	54.02
54.03	03480	ONCOLOGY	0.096329	0	54.03
54.04	03440	MAMMOGRAPHY	0.164637	0	54.04
56.00	05600	RADIOISOTOPE	0.127111	0	56.00
57.00	05700	CT SCAN	0.038617	173,297	6,692 57.00
58.00	05800	MRI	0.072226	3,732	270 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.112007	0	59.00
60.00	06000	LABORATORY	0.085628	1,369,557	117,272 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.313122	314	98 63.00
64.00	06400	INTRAVENOUS THERAPY	0.539150	2,089	1,126 64.00
65.00	06500	RESPIRATORY THERAPY	0.106938	110,491	11,816 65.00
66.00	06600	PHYSICAL THERAPY	0.186689	0	66.00
66.01	06601	REHAB OUTPATIENT	0.294375	0	66.01
66.02	06602	REHAB MED SURGICAL	0.186252	355,894	66,286 66.02
69.00	06900	ELECTROCARDIOLOGY	0.054769	94,506	5,176 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.155388	2,725	423 70.00
70.01	07001	NEUROLOG	0.821729	0	70.01
70.02	07002	SLEEP LAB	0.187756	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	57,107	12,633 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.692912	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203020	1,066,183	216,456 73.00
74.00	07400	RENAL DIALYSIS	0.204297	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.558671	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.236403	0	90.00
90.01	09001	DAY REHAB	0.234917	0	90.01
90.02	09002	IMAGING CENTERS	0.102056	0	90.02
90.03	09003	COUMADIN CLINIC	0.293960	0	90.03
90.04	09004	WOUND CLINIC	0.114463	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.077859	0	90.05
91.00	09100	EMERGENCY	0.119412	335,486	40,061 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.477937	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		3,753,799	499,220 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,753,799	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3	
		Component CCN: 14T258		Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		32,376,253		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.147096	19,096	2,809	50.00
50.01	05001 GAMMA KNIFE	0.307625	0	0	50.01
50.02	03330 ENDOSCOPY	0.086941	113,335	9,853	50.02
51.00	05100 RECOVERY ROOM	0.134393	4,661	626	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454521	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.031001	1,543	48	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.124489	429,073	53,415	54.00
54.01	03630 ULTRASOUND	0.090504	405,580	36,707	54.01
54.02	05401 PET SCAN	0.087221	0	0	54.02
54.03	03480 ONCOLOGY	0.096329	184,321	17,755	54.03
54.04	03440 MAMMOGRAPHY	0.164637	0	0	54.04
56.00	05600 RADIOISOTOPE	0.127111	50,047	6,362	56.00
57.00	05700 CT SCAN	0.038617	509,588	19,679	57.00
58.00	05800 MRI	0.072226	127,133	9,182	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.112007	142,150	15,922	59.00
60.00	06000 LABORATORY	0.085628	5,753,963	492,700	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.313122	46,721	14,629	63.00
64.00	06400 INTRAVENOUS THERAPY	0.539150	35,655	19,223	64.00
65.00	06500 RESPIRATORY THERAPY	0.106938	1,633,315	174,663	65.00
66.00	06600 PHYSICAL THERAPY	0.186689	21,409,227	3,996,867	66.00
66.01	06601 REHAB OUTPATIENT	0.294375	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.186252	21,941	4,087	66.02
69.00	06900 ELECTROCARDIOLOGY	0.054769	126,874	6,949	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.155388	10,979	1,706	70.00
70.01	07001 NEUROLOG	0.821729	0	0	70.01
70.02	07002 SLEEP LAB	0.187756	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.221214	174,131	38,520	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.692912	14,977	10,378	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203020	5,420,084	1,100,385	73.00
74.00	07400 RENAL DIALYSIS	0.204297	617,608	126,175	74.00
76.97	07697 CARDIAC REHABILITATION	0.558671	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.236403	6,922	1,636	90.00
90.01	09001 DAY REHAB	0.234917	0	0	90.01
90.02	09002 IMAGING CENTERS	0.102056	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.293960	0	0	90.03
90.04	09004 WOUND CLINIC	0.114463	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.077859	2,463	192	90.05
91.00	09100 EMERGENCY	0.119412	80,172	9,573	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.477937	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		37,341,559	6,170,041	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)		37,341,559		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		15,944,459		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		47,833,376		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)		3,912,812		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		235.98		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.34		30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.57		31.00
32.00	Sum of lines 30 and 31		18.91		32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.04		33.00
34.00	Disproportionate share adjustment (see instructions)		803,601		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000392976	0.000399511	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,555,006	3,055,317	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		896,057	2,285,209	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,181,266		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		71,675,514		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)		71,675,514		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,434,714		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		18,048		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).		218,295		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		6,240		58.00
59.00	Total (sum of amounts on lines 49 through 58)		77,352,811		59.00
60.00	Primary payer payments		541,103		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,811,708		61.00
62.00	Deductibles billed to program beneficiaries		6,052,304		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/30/2015 6:30 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinurance billed to program beneficiaries		239,281		63.00
64.00	Allowable bad debts (see instructions)		1,156,635		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		751,813		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		861,037		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		71,271,936		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 PSR ADJUSTMENTS		-6,015		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)		314,217		70.93
70.94	HRR adjustment amount (see instructions)		-266,111		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)		71,314,027		71.00
71.01	Sequestration adjustment (see instructions)		1,426,281		71.01
72.00	Interim payments		68,997,726		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)		890,020		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		90,819		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, 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: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/30/2015 6:30 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/30/2015 6:30 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		44,558	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,492,534	2.00
3.00	PPS payments		40,151,764	3.00
4.00	Outlier payment (see instructions)		96,971	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		8,681	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		44,558	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		275,368	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		275,368	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		275,368	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		230,810	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)		44,558	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)		40,257,416	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		7,820,256	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		32,481,718	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)		32,481,718	30.00
31.00	Primary payer payments		66,268	31.00
32.00	Subtotal (line 30 minus line 31)		32,415,450	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,069,226	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		694,997	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		797,832	36.00
37.00	Subtotal (see instructions)		33,110,447	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1,538	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)		33,108,909	40.00
40.01	Sequestration adjustment (see instructions)		662,178	40.01
41.00	Interim payments		32,328,445	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		118,286	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/30/2015 6:30 am
		Component CCN: 14S258	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,488	2.00
3.00	PPS payments		2,219	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		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)		2,219	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		544	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		1,675	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,675	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,675	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,675	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,675	40.00
40.01	Sequestration adjustment (see instructions)		34	40.01
41.00	Interim payments		1,641	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/30/2015 6:30 am
		Component CCN: 14T258	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		636	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,043	2.00
3.00	PPS payments		4,373	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		636	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		3,135	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		3,135	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		3,135	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,499	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)		636	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)		4,373	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		752	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		4,257	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)		4,257	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		4,257	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		4,257	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)		4,257	40.00
40.01	Sequestration adjustment (see instructions)		85	40.01
41.00	Interim payments		3,549	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		623	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		68,215,383		31,748,501	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		693,343		491,744	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2014	89,000	12/31/2014	88,200	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)		89,000		88,200	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)		68,997,726		32,328,445	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		890,020		118,286	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		69,887,746		32,446,731	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: 140258  
Component CCN: 14S258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,774,409		1,641	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)		3,774,409		1,641	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		25,246		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,799,655		1,641	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: 140258  
Component CCN: 14T258

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		20,959,846		3,549	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		85,185		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)		21,045,031		3,549	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		123,568		623	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		21,168,599		4,172	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: 140258

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			16,327 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			38,725 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,899 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			74,390 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,967,013,927 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			24,104,083 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)			2,344,953 8.00
9.00	Sequestration adjustment amount (see instructions)			46,899 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,298,054 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,382,043 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)			-83,989 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14S258	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part II Date/Time Prepared: 11/30/2015 6:30 am
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,923,327 1.00
2.00	Net IPF PPS Outlier Payments			155,818 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			14.238356 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,079,145 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,079,145 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			4,079,145 18.00
19.00	Deductibles			169,584 19.00
20.00	Subtotal (line 18 minus line 19)			3,909,561 20.00
21.00	Coinsurance			58,123 21.00
22.00	Subtotal (line 20 minus line 21)			3,851,438 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,851,438 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)			25,761 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)			3,877,199 31.00
31.01	Sequestration adjustment (see instructions)			77,544 31.01
32.00	Interim payments			3,774,409 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)			25,246 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			155,818 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/30/2015 6:30 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			19,894,216 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0119 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			519,239 3.00
4.00	Outlier Payments			1,425,611 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			59.435616 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			21,839,066 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			21,839,066 17.00
18.00	Primary payer payments			40,355 18.00
19.00	Subtotal (line 17 less line 18).			21,798,711 19.00
20.00	Deductibles			81,224 20.00
21.00	Subtotal (line 19 minus line 20)			21,717,487 21.00
22.00	Coinsurance			211,541 22.00
23.00	Subtotal (line 21 minus line 22)			21,505,946 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			21,505,946 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			94,665 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			21,600,611 32.00
32.01	Sequestration adjustment (see instructions)			432,012 32.01
33.00	Interim payments			21,045,031 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			123,568 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			18,813 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,425,611 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2015 6:30 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		5,988,045		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,988,045	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,988,045	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		5,988,045	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		5,988,045	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part VII Date/Time Prepared: 11/30/2015 6:30 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	885,823		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	885,823	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	885,823	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	885,823	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	885,823	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 140258

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

Worksheet G

Date/Time Prepared:  
11/30/2015 6:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	13,989	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	72,774,867	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,897,843	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	848,626	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)	81,535,325	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	525,647	0	0	0	13.00
14.00	Accumulated depreciation	-152,762	0	0	0	14.00
15.00	Buildings	193,925,459	0	0	0	15.00
16.00	Accumulated depreciation	-26,096,643	0	0	0	16.00
17.00	Leasehold improvements	2,368,811	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	50,798,687	0	0	0	23.00
24.00	Accumulated depreciation	-26,236,435	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)	205,232,764	0	0	0	30.00
<b>OTHER ASSETS</b>						
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	-18,379	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-18,379	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	286,749,710	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,968,743	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,208,686	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	47,968,172	0	0	0	43.00
44.00	Other current liabilities	37,451,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	100,597,548	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,686,730	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	11,686,730	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	112,284,278	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	174,465,432				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)	174,465,432	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	286,749,710	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140258

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

Worksheet G-1

Date/Time Prepared:  
11/30/2015 6:30 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		196,418,199		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		47,674,000			2.00
3.00	Total (sum of line 1 and line 2)		244,092,199		0	3.00
4.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		244,092,199		0	11.00
12.00		0		0		12.00
13.00	TRANSFER TO AFFILIATES	69,626,767		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)		69,626,767		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		174,465,432		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			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			0			12.00
13.00	TRANSFER TO AFFILIATES		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: 140258

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	173,471,398		173,471,398	1.00
2.00	SUBPROVIDER - IPF	11,094,159		11,094,159	2.00
3.00	SUBPROVIDER - IRF	46,253,494		46,253,494	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)	230,819,051		230,819,051	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	40,466,308		40,466,308	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	40,466,308		40,466,308	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	271,285,359		271,285,359	17.00
18.00	Ancillary services	723,151,336	953,815,909	1,676,967,245	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		12,190,513	12,190,513	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	0	6,570,810	6,570,810	26.00
27.00		0	0	0	27.00
27.01	PHYSICIAN	0	674,843	674,843	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	994,436,695	973,252,075	1,967,688,770	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		416,012,807		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	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		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)		416,012,807		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140258

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

Worksheet G-3

Date/Time Prepared:  
11/30/2015 6:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,967,688,770	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,518,603,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	449,085,770	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	416,012,807	4.00
5.00	Net income from service to patients (line 3 minus line 4)	33,072,963	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	3,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,703,337	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	7,801	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	331,899	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION	672,061	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO	184,423	24.01
24.02	REFERENCE LAB	85,075	24.02
24.03	MEANINGFUL USE	2,371,767	24.03
24.04	OTHER INCOME	9,000	24.04
24.05	INTERCOMPANY LAB	2,466,582	24.05
24.06	INTERCOMPANY RENT	1,023,736	24.06
24.07	PHYSICIAN APPLICATION FEES	64,300	24.07
24.08	SATELLITE DISH	76,092	24.08
24.09	REHAB ADMIN	502,596	24.09
24.10	INTEREST INCOME PATIENT ACCT	179,515	24.10
24.11	OUTPATIENT PHARMACY	2,008,149	24.11
24.12	MISC INCOME	546,683	24.12
24.13	PHYSICIANS RENTAL INCOME	1,375,562	24.13
24.14	ANSWERING SERVICE	364,965	24.14
24.15	PATIENT CREDIT BALANCE	624,494	24.15
25.00	Total other income (sum of lines 6-24)	14,601,037	25.00
26.00	Total (line 5 plus line 25)	47,674,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	47,674,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H  
Date/Time Prepared: 11/30/2015 6:30 am  
PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures			0		191,322	191,322	1.00
2.00	Capital Related - Movable Equipment			0		166,387	166,387	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	1,302,347	93,667	221,456	144,897	223,773	1,986,140	5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	2,560,378	184,148	0	0	0	2,744,526	6.00
7.00	Physical Therapy	1,734,818	124,772	0	0	0	1,859,590	7.00
8.00	Occupational Therapy	487,490	35,061	0	0	0	522,551	8.00
9.00	Speech Pathology	229,902	16,535	0	0	0	246,437	9.00
10.00	Medical Social Services	67,610	4,863	0	0	0	72,473	10.00
11.00	Home Health Aide	200,053	14,388	0	0	0	214,441	11.00
12.00	Supplies (see instructions)	0	0	0	0	199,399	199,399	12.00
13.00	Drugs	0	0	0	0	934	934	13.00
14.00	DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,582,598	473,434	221,456	144,897	781,815	8,204,200	24.00
		Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	191,322	0	191,322			1.00
2.00	Capital Related - Movable Equipment	0	166,387	0	166,387			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	0	1,986,140	0	1,986,140			5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	2,744,526	0	2,744,526			6.00
7.00	Physical Therapy	0	1,859,590	0	1,859,590			7.00
8.00	Occupational Therapy	0	522,551	0	522,551			8.00
9.00	Speech Pathology	0	246,437	0	246,437			9.00
10.00	Medical Social Services	0	72,473	0	72,473			10.00
11.00	Home Health Aide	0	214,441	0	214,441			11.00
12.00	Supplies (see instructions)	0	199,399	0	199,399			12.00
13.00	Drugs	0	934	0	934			13.00
14.00	DME	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	0	8,204,200	0	8,204,200			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: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet H-1 Part I Date/Time Prepared: 11/30/2015 6:30 am
		HHA CCN: 147583	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)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	191,322	191,322			0	1.00
2.00	Capital Related - Movable Equipment	166,387		166,387		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	1,986,140	191,322	166,387	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	2,744,526	0	0	0	0	6.00
7.00	Physical Therapy	1,859,590	0	0	0	0	7.00
8.00	Occupational Therapy	522,551	0	0	0	0	8.00
9.00	Speech Pathology	246,437	0	0	0	0	9.00
10.00	Medical Social Services	72,473	0	0	0	0	10.00
11.00	Home Health Aide	214,441	0	0	0	0	11.00
12.00	Supplies (see instructions)	199,399	0	0	0	0	12.00
13.00	Drugs	934	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	8,204,200	191,322	166,387	0	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,343,849					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,208,073	3,952,599				6.00
7.00	Physical Therapy	716,495	2,576,085				7.00
8.00	Occupational Therapy	233,922	756,473				8.00
9.00	Speech Pathology	29,273	275,710				9.00
10.00	Medical Social Services	25,820	98,293				10.00
11.00	Home Health Aide	105,694	320,135				11.00
12.00	Supplies (see instructions)	24,144	223,543				12.00
13.00	Drugs	428	1,362				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		8,204,200				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am  
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	100			0		1.00
2.00	Capital Related - Movable Equipment		100		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	100	100	0	0	-2,343,849	5,120,174
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	-105,473	2,639,053
7.00	Physical Therapy	0	0	0	0	-294,395	1,565,195
8.00	Occupational Therapy	0	0	0	0	-11,545	511,006
9.00	Speech Pathology	0	0	0	0	-182,490	63,947
10.00	Medical Social Services	0	0	0	0	-16,068	56,405
11.00	Home Health Aide	0	0	0	0	16,450	230,891
12.00	Supplies (see instructions)	0	0	0	0	-146,656	52,743
13.00	Drugs	0	0	0	0	0	934
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	100	100	0	0	-3,084,026	5,120,174
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	191,322	166,387	0	0		2,343,849
26.00	Unit Cost Multiplier	1,913.220000	1,663.870000	0.000000	0.000000		0.457767

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet H-2

HHA CCN: 147583

To 06/30/2015

Part I  
Date/Time Prepared: 11/30/2015 6:30 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	220,789	35,627	0	1.00
2.00 Skilled Nursing Care	3,952,599	0	0	434,067	0	0	2.00
3.00 Physical Therapy	2,576,085	0	0	294,107	0	0	3.00
4.00 Occupational Therapy	756,473	0	0	82,645	0	0	4.00
5.00 Speech Pathology	275,710	0	0	38,976	0	0	5.00
6.00 Medical Social Services	98,293	0	0	11,462	0	0	6.00
7.00 Home Health Aide	320,135	0	0	33,915	0	0	7.00
8.00 Supplies (see instructions)	223,543	0	0	0	0	0	8.00
9.00 Drugs	1,362	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)	8,204,200	0	0	1,115,961	35,627	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	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	8,955	0	0	265,371	62,591	0	1.00
2.00 Skilled Nursing Care	0	0	0	4,386,666	791,145	0	2.00
3.00 Physical Therapy	0	0	0	2,870,192	469,221	0	3.00
4.00 Occupational Therapy	0	0	0	839,118	153,192	0	4.00
5.00 Speech Pathology	0	0	0	314,686	19,170	0	5.00
6.00 Medical Social Services	0	0	0	109,755	16,909	0	6.00
7.00 Home Health Aide	0	0	0	354,050	69,217	0	7.00
8.00 Supplies (see instructions)	0	0	0	223,543	14,222	0	8.00
9.00 Drugs	0	0	0	1,362	254	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)	8,955	0	0	9,364,743	1,595,921	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.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
11/30/2015 6:30 am  
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
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) (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
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		14.00	15.00	16.00	17.00	23.00	24.00	
1.00	Administrative and General	5,337	0	0	0	0	333,299	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	5,177,811	2.00
3.00	Physical Therapy	0	0	0	0	0	3,339,413	3.00
4.00	Occupational Therapy	0	0	0	0	0	992,310	4.00
5.00	Speech Pathology	0	0	0	0	0	333,856	5.00
6.00	Medical Social Services	0	0	0	0	0	126,664	6.00
7.00	Home Health Aide	0	0	0	0	0	423,267	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	237,765	8.00
9.00	Drugs	0	0	0	0	0	1,616	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)	5,337	0	0	0	0	10,966,001	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: 140258	Period: From 07/01/2014	Worksheet H-2 Part I
		HHA CCN: 147583	To 06/30/2015	Date/Time Prepared: 11/30/2015 6:30 am
			Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	333,299				1.00
2.00 Skilled Nursing Care	0	5,177,811	162,304	5,340,115		2.00
3.00 Physical Therapy	0	3,339,413	104,681	3,444,094		3.00
4.00 Occupational Therapy	0	992,310	31,106	1,023,416		4.00
5.00 Speech Pathology	0	333,856	10,465	344,321		5.00
6.00 Medical Social Services	0	126,664	3,971	130,635		6.00
7.00 Home Health Aide	0	423,267	13,268	436,535		7.00
8.00 Supplies (see instructions)	0	237,765	7,453	245,218		8.00
9.00 Drugs	0	1,616	51	1,667		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	10,966,001	333,299	10,966,001		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.			0.031347			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: 140258  
HHA CCN: 147583

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

Worksheet H-2 Part II  
Date/Time Prepared: 11/30/2015 6:30 am  
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	PURCHASING RECEIVING AND STORES (PURCHASING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)					
		1.00	2.00					
1.00	Administrative and General	0	0	1,302,347	98	0	180,581	1.00
2.00	Skilled Nursing Care	0	0	2,560,378	0	0	0	2.00
3.00	Physical Therapy	0	0	1,734,818	0	0	0	3.00
4.00	Occupational Therapy	0	0	487,490	0	0	0	4.00
5.00	Speech Pathology	0	0	229,902	0	0	0	5.00
6.00	Medical Social Services	0	0	67,610	0	0	0	6.00
7.00	Home Health Aide	0	0	200,053	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	6,582,598	98	0	180,581	20.00
21.00	Total cost to be allocated	0	0	1,115,961	35,627	0	8,955	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.169532	363.540816	0.000000	0.049590	22.00
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	7.00	
1.00	Administrative and General	0	0	70,194	335,565	0	0	1.00
2.00	Skilled Nursing Care	0	0	-145,117	4,241,549	0	0	2.00
3.00	Physical Therapy	0	0	-354,573	2,515,619	0	0	3.00
4.00	Occupational Therapy	0	0	-17,817	821,301	0	0	4.00
5.00	Speech Pathology	0	0	-211,909	102,777	0	0	5.00
6.00	Medical Social Services	0	0	-19,099	90,656	0	0	6.00
7.00	Home Health Aide	0	0	17,043	371,093	0	0	7.00
8.00	Supplies (see instructions)	0	0	-147,294	76,249	0	0	8.00
9.00	Drugs	0	0	0	1,362	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	8,556,171	0	0	20.00
21.00	Total cost to be allocated	0	0	0	1,595,921	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0	0.186523	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-2 Part II  
Date/Time Prepared: 11/30/2015 6:30 am  
PPS

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	0	0	0	100,060	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	100,060	20.00
21.00 Total cost to be allocated	0	0	0	0	0	5,337	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.053338	22.00
Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	PARAMEDICAL EDUCATION PROGRAM (PATIENT DAYS)			
	15.00	16.00	17.00	23.00			
1.00 Administrative and General	0	0	0	0			1.00
2.00 Skilled Nursing Care	0	0	0	0			2.00
3.00 Physical Therapy	0	0	0	0			3.00
4.00 Occupational Therapy	0	0	0	0			4.00
5.00 Speech Pathology	0	0	0	0			5.00
6.00 Medical Social Services	0	0	0	0			6.00
7.00 Home Health Aide	0	0	0	0			7.00
8.00 Supplies (see instructions)	0	0	0	0			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19)	0	0	0	0			20.00
21.00 Total cost to be allocated	0	0	0	0			21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part I Date/Time Prepared: 11/30/2015 6:30 am		
				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 (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,340,115		5,340,115	33,485	159.48	1.00
2.00	Physical Therapy	3.00	3,444,094	0	3,444,094	20,479	168.18	2.00
3.00	Occupational Therapy	4.00	1,023,416	0	1,023,416	5,761	177.65	3.00
4.00	Speech Pathology	5.00	344,321	0	344,321	1,558	221.00	4.00
5.00	Medical Social Services	6.00	130,635		130,635	770	169.66	5.00
6.00	Home Health Aide	7.00	436,535		436,535	6,205	70.35	6.00
7.00	Total (sum of lines 1-6)		10,719,116	0	10,719,116	68,258		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	25,914			8.00
8.01	Skilled Nursing Care		20994	0	144			8.01
8.02	Skilled Nursing Care		29404	0	135			8.02
9.00	Physical Therapy		16974	0	15,473			9.00
9.01	Physical Therapy		20994	0	63			9.01
9.02	Physical Therapy		29404	0	133			9.02
10.00	Occupational Therapy		16974	0	4,563			10.00
10.01	Occupational Therapy		20994	0	10			10.01
10.02	Occupational Therapy		29404	0	71			10.02
11.00	Speech Pathology		16974	0	1,162			11.00
11.01	Speech Pathology		20994	0	0			11.01
11.02	Speech Pathology		29404	0	41			11.02
12.00	Medical Social Services		16974	0	598			12.00
12.01	Medical Social Services		20994	0	3			12.01
12.02	Medical Social Services		29404	0	7			12.02
13.00	Home Health Aide		16974	0	5,419			13.00
13.01	Home Health Aide		20994	0	0			13.01
13.02	Home Health Aide		29404	0	27			13.02
14.00	Total (sum of lines 8-13)			0	53,763			14.00
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	245,218	0	245,218	251,911	0.973431	15.00
16.00	Cost of Drugs	9.00	1,667	0	1,667	0	0.000000	16.00
Program Visits								
Cost of Services								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	26,193		0	4,177,260		1.00
2.00	Physical Therapy	0	15,669		0	2,635,212		2.00
3.00	Occupational Therapy	0	4,644		0	825,007		3.00
4.00	Speech Pathology	0	1,203		0	265,863		4.00
5.00	Medical Social Services	0	608		0	103,153		5.00
6.00	Home Health Aide	0	5,446		0	383,126		6.00
7.00	Total (sum of lines 1-6)	0	53,763		0	8,389,621		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2014	Worksheet H-3
		HHA CCN: 147583	To 06/30/2015	Part I Date/Time Prepared: 11/30/2015 6:30 am
		Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	110,407	0	0	107,474	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	4,177,260						1.00
2.00	Physical Therapy	2,635,212						2.00
3.00	Occupational Therapy	825,007						3.00
4.00	Speech Pathology	265,863						4.00
5.00	Medical Social Services	103,153						5.00
6.00	Home Health Aide	383,126						6.00
7.00	Total (sum of lines 1-6)	8,389,621						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2014 To 06/30/2015	Worksheet H-3 Part II Date/Time Prepared: 11/30/2015 6:30 am PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.186689	0	0	col. 2, line 2.00 1.00
1.01	Physical Therapy 1	66.01	0.294375	0	0	col. 2, line 2.01 1.01
1.02	Physical Therapy 2	66.02	0.186252	0	0	col. 2, line 2.02 1.02
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	71.00	0.221214	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.203020	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2014 To 06/30/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 11/30/2015 6:30 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	9,574,659	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	9,574,659	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	9,574,659	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	5,694	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-5,694
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	9,084,176
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	121,440
13.00	Total PPS Reimbursement - LUPA Episodes		0	151,635
14.00	Total PPS Reimbursement - PEP Episodes		0	53,547
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	13,016
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	9,418,120
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	9,418,120
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	9,418,120
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	9,418,120
30.00			0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	9,418,120
31.01	Sequestration adjustment (see instructions)		0	188,365
32.00	Interim payments (see instructions)		0	9,229,755
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 140258  
HHA CCN: 147583

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

Worksheet H-5  
Date/Time Prepared:  
11/30/2015 6:30 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		9,229,755	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		9,229,755	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		9,229,755	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	214,209	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	464,890	33,673	0	0	1,011,571	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,873,917	0	0	409,023	0	10.00
11.00	Nursing Care-Continuous Home Care	0	135,732	0	0	0	11.00
12.00	Physical Therapy	28,939	2,096	0	0	0	12.00
13.00	Occupational Therapy	403	29	0	0	0	13.00
14.00	Speech/ Language Pathology	34,287	2,483	0	0	0	14.00
15.00	Medical Social Services	181,342	13,135	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	527,667	38,220	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	182	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	159,570	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	50,989	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	67,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,111,445	225,368	0	409,023	1,503,682	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	214,209	0	214,209	0	214,209	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,510,134	0	1,510,134	0	1,510,134	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,282,940	0	2,282,940	0	2,282,940	10.00
11.00	Nursing Care-Continuous Home Care	135,732	0	135,732	0	135,732	11.00
12.00	Physical Therapy	31,035	0	31,035	0	31,035	12.00
13.00	Occupational Therapy	432	0	432	0	432	13.00
14.00	Speech/ Language Pathology	36,770	0	36,770	0	36,770	14.00
15.00	Medical Social Services	194,477	0	194,477	0	194,477	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	565,887	0	565,887	0	565,887	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	182	0	182	0	182	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	159,570	0	159,570	0	159,570	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	50,989	0	50,989	0	50,989	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	67,161	0	67,161	0	67,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,249,518	0	5,249,518	0	5,249,518	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258  
 Hospice CCN: 141632

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

Worksheet K-1  
 Date/Time Prepared:  
 11/30/2015 6:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	165,289	0	132,574	1,576,054	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	181,342	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	165,289	181,342	132,574	1,576,054	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-1

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	464,890	464,890	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,873,917	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	28,939	0	0	28,939	12.00
13.00	Occupational Therapy	403	0	0	403	13.00
14.00	Speech/ Language Pathology	34,287	0	0	34,287	14.00
15.00	Medical Social Services		0	0	181,342	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		527,667	0	527,667	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	63,629	527,667	464,890	3,111,445	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	11,972	0	9,603	114,157	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	13,135	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	11,972	13,135	9,603	114,157	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-2

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	33,673	33,673	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	135,732	11.00
12.00	Physical Therapy	2,096	0	0	2,096	12.00
13.00	Occupational Therapy	29	0	0	29	13.00
14.00	Speech/ Language Pathology	2,483	0	0	2,483	14.00
15.00	Medical Social Services		0	0	13,135	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		38,220	0	38,220	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,608	38,220	33,673	225,368	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140258	Period: From 07/01/2014	Worksheet K-3
		Hospice CCN: 141632	To 06/30/2015	Date/Time Prepared: 11/30/2015 6:30 am

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140258 Hospice CCN: 141632		Period: From 07/01/2014 To 06/30/2015		Worksheet K-3 Date/Time Prepared: 11/30/2015 6:30 am	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	409,023	409,023		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	409,023	409,023		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140258  
 Hospice CCN: 141632

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

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 11/30/2015 6:30 am

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	214,209	0	0	214,209		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,510,134	0	0	214,209	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,282,940	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	135,732	0	0	0	0	11.00
12.00	Physical Therapy	31,035	0	0	0	0	12.00
13.00	Occupational Therapy	432	0	0	0	0	13.00
14.00	Speech/ Language Pathology	36,770	0	0	0	0	14.00
15.00	Medical Social Services	194,477	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	565,887	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	182	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	159,570	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	50,989	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	67,161	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,249,518	0	0	214,209	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet K-4 Part I Date/Time Prepared: 11/30/2015 6:30 am	
		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	1,724,343	1,724,343	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	0	708	9.00
10.00	Nursing Care	0	2,282,940	1,184,746	10.00
11.00	Nursing Care-Continuous Home Care	0	135,732	91,210	11.00
12.00	Physical Therapy	0	31,035	3,733	12.00
13.00	Occupational Therapy	0	432	247	13.00
14.00	Speech/ Language Pathology	0	36,770	24,709	14.00
15.00	Medical Social Services	0	194,477	107,737	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	565,887	128,116	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	182	122	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	159,570	112,155	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	50,989	25,729	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	67,161	45,131	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	5,249,518		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-4

Hospice CCN: 141632

To 06/30/2015

Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	100			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	100	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	214,209	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	2,142.090000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258  
 Hospice CCN: 141632

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

Worksheet K-4  
 Part II  
 Date/Time Prepared:  
 11/30/2015 6:30 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,724,343	2,566,046	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	1,054	1,054	9.00
10.00	Nursing Care	-519,885	1,763,055	10.00
11.00	Nursing Care-Continuous Home Care	0	135,732	11.00
12.00	Physical Therapy	-25,480	5,555	12.00
13.00	Occupational Therapy	-65	367	13.00
14.00	Speech/ Language Pathology	0	36,770	14.00
15.00	Medical Social Services	-34,150	160,327	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	-375,233	190,654	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	182	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	7,331	166,901	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	-12,701	38,288	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	67,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,724,343	39.00
40.00	Unit Cost Multiplier		0.671984	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141632

To 06/30/2015

Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
0	1.00	2.00	4.00	5.01			
1.00	Administrative and General		0	8,265	129,311	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	708	0	0	0	0	4.00
5.00	Nursing Care	3,467,686	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	226,942	0	0	267,192	0	6.00
7.00	Physical Therapy	34,768	0	0	4,906	0	7.00
8.00	Occupational Therapy	679	0	0	68	0	8.00
9.00	Speech/ Language Pathology	61,479	0	0	5,813	0	9.00
10.00	Medical Social Services	302,214	0	0	30,743	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	694,003	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	89,456	0	15.00
16.00	Other	304	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	271,725	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	76,718	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	112,292	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,249,518	0	8,265	527,489	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

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

Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	11,759	0	0	149,335	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	708	4.00
5.00	Nursing Care	0	0	0	0	3,467,686	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	494,134	6.00
7.00	Physical Therapy	0	0	0	0	39,674	7.00
8.00	Occupational Therapy	0	0	0	0	747	8.00
9.00	Speech/ Language Pathology	0	0	0	0	67,292	9.00
10.00	Medical Social Services	0	0	0	0	332,957	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	694,003	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	89,456	15.00
16.00	Other	0	0	0	0	304	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	271,725	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	76,718	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	112,292	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	11,759	0	0	5,797,031	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

From 07/01/2014

Part I

To 06/30/2015

Date/Time Prepared:

11/30/2015 6:30 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	30,777	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	389	0	0	0	0	4.00
5.00	Nursing Care	651,269	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	34,207	0	0	0	0	6.00
7.00	Physical Therapy	2,288	0	0	0	0	7.00
8.00	Occupational Therapy	151	0	0	0	0	8.00
9.00	Speech/ Language Pathology	17,732	0	0	0	0	9.00
10.00	Medical Social Services	66,050	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	70,427	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	8,117	0	0	0	0	15.00
16.00	Other	80	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	61,653	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	14,143	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	29,590	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,045	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	987,918	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

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

Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-5

Hospice CCN: 141632

To 06/30/2015

Part I  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMEDICAL EDUCATION PROGRAM	Subtotal (col s. 4A-23)		
		16.00	17.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	180,112	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	1,097	0	4.00
5.00	Nursing Care	0	0	0	4,118,955	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	528,341	0	6.00
7.00	Physical Therapy	0	0	0	41,962	0	7.00
8.00	Occupational Therapy	0	0	0	898	0	8.00
9.00	Speech/ Language Pathology	0	0	0	85,024	0	9.00
10.00	Medical Social Services	0	0	0	399,007	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	764,430	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	97,573	0	15.00
16.00	Other	0	0	0	384	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	333,378	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	90,861	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	141,882	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	1,045	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	6,784,949	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140258	Period: From 07/01/2014	Worksheet K-5
		Hospice CCN: 141632	To 06/30/2015	Part I
				Date/Time Prepared: 11/30/2015 6:30 am

Cost Center Description	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part 11)	Total Hospice Costs (col.s. 26 ± 27)	Hospice I	
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	1,097	30	1,127		4.00
5.00 Nursing Care	4,118,955	112,323	4,231,278		5.00
6.00 Nursing Care-Continuous Home Care	528,341	14,408	542,749		6.00
7.00 Physical Therapy	41,962	1,144	43,106		7.00
8.00 Occupational Therapy	898	24	922		8.00
9.00 Speech/ Language Pathology	85,024	2,319	87,343		9.00
10.00 Medical Social Services	399,007	10,881	409,888		10.00
11.00 Spiritual Counseling	0	0	0		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	764,430	20,846	785,276		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	97,573	2,661	100,234		15.00
16.00 Other	384	10	394		16.00
17.00 Drugs, Biological and Infusion Therapy	333,378	9,091	342,469		17.00
18.00 Analgesics	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0		19.00
20.00 Other - Specify	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	90,861	2,478	93,339		21.00
22.00 Patient Transportation	0	0	0		22.00
23.00 Imaging Services	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0		24.00
25.00 Medical Supplies	141,882	3,869	145,751		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00 Radiation Therapy	0	0	0		27.00
28.00 Chemotherapy	0	0	0		28.00
29.00 Other	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		30.00
31.00 Volunteer Program Costs	1,045	28	1,073		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	6,784,949		6,784,949		34.00
35.00 Unit Cost Multiplier (see instructions)		0.027270			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
	1.00	2.00				
1.00 Administrative and General	0	56,092	762,754	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	1,576,054	0	0	6.00
7.00 Physical Therapy	0	0	28,939	0	0	7.00
8.00 Occupational Therapy	0	0	402	0	0	8.00
9.00 Speech/ Language Pathology	0	0	34,287	0	0	9.00
10.00 Medical Social Services	0	0	181,342	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	527,667	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	56,092	3,111,445	0	0	34.00
35.00 Total cost to be allocated	0	8,265	527,489	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.147347	0.169532	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	181,921	0	6,570,810	-32,541	116,794	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	770	1,478	4.00
5.00	Nursing Care	0	0	0	-996,177	2,471,509	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	-364,323	129,811	6.00
7.00	Physical Therapy	0	0	0	-30,990	8,684	7.00
8.00	Occupational Therapy	0	0	0	-174	573	8.00
9.00	Speech/ Language Pathology	0	0	0	0	67,292	9.00
10.00	Medical Social Services	0	0	0	-82,303	250,654	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	-426,738	267,265	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	-58,654	30,802	15.00
16.00	Other	0	0	0	0	304	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	-37,758	233,967	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	-23,045	53,673	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	112,292	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	3,964	3,964	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	181,921	0	6,570,810		3,749,062	34.00
35.00	Total cost to be allocated	11,759	0	0		987,918	35.00
36.00	Unit Cost Multiplier (see instructions)	0.064638	0.000000	0.000000		0.263511	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

Cost Center Description		Hospice I					
		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	5,314	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,314	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/30/2015 6:30 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet K-5 Part III Date/Time Prepared: 11/30/2015 6:30 am		
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.186689	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.294375	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.186252	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.203020	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.085628	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.221214	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.97	CARDIAC REHABILITATION	76.97	0.558671	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	10.99
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140258

Period: From 07/01/2014

Worksheet K-6

Hospice CCN: 141632

To 06/30/2015

Date/Time Prepared: 11/30/2015 6:30 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,784,949	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				24,441	2.00
3.00	Average cost per diem (line 1 divided by line 2)				277.61	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	22,462				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,235,676				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		454			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		126,035			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	5,637				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,564,888				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		207			10.00
11.00	Aggregate NF cost (line 3 times line 10)		57,465			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,525		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			423,355		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140258	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/30/2015 6:30 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,098,417	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		137,459	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)		203.81	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.34	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.57	8.00
9.00	Sum of lines 7 and 8		18.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.90	10.00
11.00	Disproportionate share adjustment (see instructions)		198,838	11.00
12.00	Total prospective capital payments (see instructions)		5,434,714	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00