

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: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S Parts I-III Date/Time Prepared: 1/15/2016 12:28 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/15/2016 Time: 12:28 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE REHAB. INSTITUTE OF CHICAGO ( 143026 ) for the cost reporting period beginning 09/01/2014 and ending 08/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	153,584	48,715	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	153,584	48,715	0	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.

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information  
ECR: Date: 1/15/2016 Time: 12:28 pm  
rPs14npHJoknv0UFNjg. ZWYtfnXZUO  
72: oc0rvcMSi R7Ga: Qesc99PfwKajt  
SwSI 0kzF3R0kmmwH  
PI: Date: 1/15/2016 Time: 12:28 pm  
10XKKWj x2wNgqPCZODUnj C00h087BO  
C62Ee09A3QB: 7Vw5Jz94I YZWacX: B  
qBEx0S8yeWOCtyCM

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

	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	153,584	48,715	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	153,584	48,715	0	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: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 12:27 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 345 SUPERIOR			PO Box:						1.00		
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		County: COOK		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		THE REHAB. INSTITUTE OF CHICAGO		143026	16974	5	09/01/1967	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2014	08/31/2015		20.00		
21.00	Type of Control (see instructions)						2		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						7,559	1,813	0	0	3,679	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 12:27 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<b>Prospective Payment System (PPS)-Capital</b>							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
<b>Teaching Hospitals</b>							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0		76.00
				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 (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
<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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 12:27 pm	
		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
<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	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N			110.00
				1.00	2.00	3.00	
<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.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	200,000	755,010			118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N					121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 12:27 pm		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:		Contractor's Number:		
142.00	Street:	PO Box:				
143.00	City:	State:		Zip Code:		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00
				1.00 2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N				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
161.10	CORF		N	N	N	161.10
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N				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)				0.00	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)					170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part I Date/Time Prepared: 1/15/2016 12:27 pm
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part II Date/Time Prepared: 1/15/2016 12:27 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/14/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet S-2 Part II Date/Time Prepared: 1/15/2016 12:27 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					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?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
<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.	COLETTE		AI MONE			41.00
42.00	Enter the employer/company name of the cost report preparer.	REHABILITATION INSTITUTE OF CHICAGO					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296		CAI MONE@R I C. ORG			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)	12/14/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR REIMBURSEMENT	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

HFS Supplemental Information		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet S-2 Part IX Date/Time Prepared: 1/15/2016 12:27 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	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)		182	66,430	0.00	0	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)		182	66,430	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		182				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: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

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)	20,192	7,559	60,228			1.00
2.00 HMO and other (see instructions)	2,064	5,492				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,192	7,559	60,228			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)	20,192	7,559	60,228	27.61	1,715.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				27.61	1,715.40	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	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: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	989	251	2,500	1.00
2.00 HMO and other (see instructions)				14	163		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		989	251	2,500	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet A	
Date/Time Prepared: 1/15/2016 12:27 pm							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	6,077,715	6,077,715	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	5,851,913	5,851,913	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,938,918	1,590,664	3,529,582	26,726,595	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	305,020	582,258	887,278	-268,286	5.01
5.02	00570	ADMINISTRATIVE	2,119,696	650,884	2,770,580	-594,297	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,647,672	1,085,693	2,733,365	-444,637	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	19,970,507	33,070,774	53,041,281	-12,677,894	5.04
7.00	00700	OPERATION OF PLANT	831,763	11,275,806	12,107,569	-3,136,424	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	573,214	8.00
9.00	00900	HOUSEKEEPING	1,029,584	1,740,770	2,770,354	-867,150	9.00
10.00	01000	DIETARY	1,172,690	1,954,075	3,126,765	-1,803,281	10.00
11.00	01100	CAFETERIA	0	0	0	1,452,735	11.00
13.00	01300	NURSING ADMINISTRATION	1,022,113	605,887	1,628,000	-330,839	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	420,107	479,847	899,954	-163,432	14.00
15.00	01500	PHARMACY	958,296	6,581,256	7,539,552	-6,161,148	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	460,839	335,713	796,552	-87,139	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	261,972	2,861,608	3,123,580	-65,256	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	95,061	28,832	123,893	531,476	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,396,660	11,251,148	28,647,808	-10,733,060	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	359,193	152,953	512,146	1,812,268	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,350,354	54.01
54.02	05402	PULMONARY	0	0	0	859,051	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	279,109	685,869	964,978	-75,751	60.00
60.01	06001	VOCATIONAL REHABILITATION	351,158	146,381	497,539	-113,971	60.01
65.00	06500	RESPIRATORY THERAPY	0	7,690	7,690	1,260,467	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,475,580	66.00
66.01	06601	ALLIED HEALTH	14,994,189	5,131,620	20,125,809	-20,125,809	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,660,647	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,094,167	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,699,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,893,212	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	1,951,729	3,363,241	5,314,970	-1,112,435	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	25,455,233	12,921,140	38,376,373	-3,697,921	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,021,509	96,504,109	189,525,618	5,859,833	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	10,671,388	11,562,811	22,234,199	-3,010,379	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	2,137,631	1,447,776	3,585,407	-578,003	192.01
192.02	19202	ACADEMY	376,895	257,541	634,436	-124,230	192.02
192.03	19203	PARTNERSHIP EXPENSE	8,628,009	2,513,103	11,141,112	-2,147,221	192.03
200.00		TOTAL (SUM OF LINES 118-199)	114,835,432	112,285,340	227,120,772	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,256,919	4,820,796	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-33,005	5,818,908	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-25	30,256,152	4.00
5.01	00540	PURCHASING RECEIVING AND STORES	0	618,992	5.01
5.02	00570	ADMINISTRATIVE	0	2,176,283	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,288,728	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,508,610	29,854,777	5.04
7.00	00700	OPERATION OF PLANT	-669,984	8,301,161	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	573,214	8.00
9.00	00900	HOUSEKEEPING	0	1,903,204	9.00
10.00	01000	DIETARY	-4,778	1,318,706	10.00
11.00	01100	CAFETERIA	-870,332	582,403	11.00
13.00	01300	NURSING ADMINISTRATION	-126	1,297,035	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	736,522	14.00
15.00	01500	PHARMACY	0	1,378,404	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-62,552	646,861	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-7,666	3,050,658	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	655,369	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-79,977	17,834,771	30.00
41.00	04100	SUBPROVIDER - IIRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-933	2,323,481	54.00
54.01	05401	PSYCHOLOGY	-3,575	1,346,779	54.01
54.02	05402	PULMONARY	0	859,051	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	889,227	60.00
60.01	06001	VOCATIONAL REHABILITATION	-829	382,739	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,268,157	65.00
66.00	06600	PHYSICAL THERAPY	-25,637	7,449,943	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-15,572	4,645,075	67.00
68.00	06800	SPEECH PATHOLOGY	-6,997	2,087,170	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,699,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,893,212	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	4,202,535	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-11,782,030	22,896,422	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,329,547	170,055,904	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00	19100	RESEARCH	0	19,223,820	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	3,007,404	192.01
192.02	19202	ACADEMY	0	510,206	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	8,993,891	192.03
200.00		TOTAL (SUM OF LINES 118-199)	-25,329,547	201,791,225	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet Non-CMS W  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	PURCHASING RECEIVING AND STORES	00540	NONPATIENT TELEPHONES	5.01
5.02	ADMITTING	00570	ADMITTING	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00560	PURCHASING RECEIVING AND STORES	5.04
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED PRGM	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	PSYCHOLOGY	05401		54.01
54.02	PULMONARY	05402		54.02
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	VOCATIONAL REHABILITATION	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	ALLIED HEALTH	06601		66.01
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	PROSTHETICS AND ORTHOTICS	03020	ACUPUNCTURE	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	09910		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FOUNDATION	19201		192.01
192.02	ACADEMY	19202		192.02
192.03	PARTNERSHIP EXPENSE	19203		192.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,798,919	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
0			0	26,798,919	
<b>B - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,610,265	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,818,908	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
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
0			0	10,429,173	
<b>C - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,256,919	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	33,005	2.00
0			0	1,289,924	
<b>D - AMORTIZATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	210,531	1.00
0			0	210,531	
<b>E - ALLIED HEALTH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	4,485,190	175,457	1.00
2.00	PSYCHOLOGY	54.01	1,299,518	50,836	2.00
3.00	PHYSICAL THERAPY	66.00	7,194,151	281,429	3.00
4.00	SPEECH PATHOLOGY	68.00	2,015,330	78,837	4.00
0			14,994,189	586,559	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,932,114	1.00
2.00	RESPIRATORY THERAPY	65.00	0	1,263,990	2.00
0			0	3,196,104	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,699,169	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
14.00		0.00	0	0	14.00
	O		0	1,699,169	
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	39,430	1.00
2.00	CLINIC	90.00	665,790	64,706	2.00
	O		665,790	104,136	
<b>I - LINEN</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	573,214	1.00
	O		0	573,214	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	410,442	1,042,293	1.00
	O		410,442	1,042,293	
<b>K - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,893,212	1.00
	O		0	5,893,212	
<b>L - PULMONARY</b>					
1.00	PULMONARY	54.02	523,525	335,526	1.00
2.00		0.00	0	0	2.00
	O		523,525	335,526	
<b>M - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM	23.00	545,482	6,000	1.00
	O		545,482	6,000	
500.00	Grand Total: Increases		17,139,428	52,164,760	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-6  
Date/Time Prepared:  
1/15/2016 12:27 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - EMPLOYEE BENEFITS</b>							
1.00	PURCHASING RECEIVING AND STORES	5.01	0	82,083	0	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	575,714	0	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	444,637	0	3.00	
4.00	OPERATION OF PLANT	5.04	0	4,960,124	0	4.00	
5.00	HOUSEKEEPING	7.00	0	225,604	0	5.00	
6.00	DIETARY	9.00	0	279,763	0	6.00	
7.00	NURSING ADMINISTRATION	10.00	0	318,500	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	279,302	0	8.00	
9.00	PHARMACY	14.00	0	114,007	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	15.00	0	261,142	0	10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	16.00	0	126,569	0	11.00	
12.00	PARAMEDICAL PRGM	21.00	0	65,256	0	12.00	
13.00	ADULTS & PEDIATRICS	23.00	0	20,006	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	30.00	0	4,734,455	0	14.00	
15.00	LABORATORY	54.00	0	96,857	0	15.00	
16.00	VOCATIONAL REHABILITATION	60.00	0	75,374	0	16.00	
17.00	ALLIED HEALTH	60.01	0	94,986	0	17.00	
18.00	PROSTHETICS AND ORTHOTICS	66.01	0	4,086,631	0	18.00	
19.00	CLINICAL	76.00	0	529,909	0	19.00	
20.00	RESEARCH	90.00	0	3,821,388	0	20.00	
21.00	FOUNDATION	191.00	0	2,790,347	0	21.00	
22.00	ACADEMY	192.01	0	570,152	0	22.00	
23.00	PARTNERSHIP EXPENSE	192.02	0	102,266	0	23.00	
24.00		192.03	0	2,143,847	0	24.00	
	0		0	26,798,919			
<b>B - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,275	9	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	150,758	9	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	18,583	9	3.00	
4.00	OPERATION OF PLANT	5.04	0	5,469,501	9	4.00	
5.00	HOUSEKEEPING	7.00	0	2,910,820	9	5.00	
6.00	DIETARY	9.00	0	13,645	9	6.00	
7.00	NURSING ADMINISTRATION	10.00	0	32,046	9	7.00	
8.00	CENTRAL SERVICES & SUPPLY	13.00	0	51,537	9	8.00	
9.00	PHARMACY	14.00	0	9,163	9	9.00	
10.00	ADULTS & PEDIATRICS	15.00	0	6,742	9	10.00	
12.00	RADIOLOGY-DIAGNOSTIC	30.00	0	387,857	9	12.00	
13.00	LABORATORY	54.00	0	15,227	9	13.00	
14.00	VOCATIONAL REHABILITATION	60.01	0	18,985	9	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	3,523	9	15.00	
16.00	ALLIED HEALTH	66.01	0	448,371	9	16.00	
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	30,900	9	17.00	
18.00	CLINICAL	90.00	0	536,399	9	18.00	
19.00	RESEARCH	191.00	0	219,652	9	19.00	
20.00	FOUNDATION	192.01	0	7,851	9	20.00	
21.00	ACADEMY	192.02	0	21,964	9	21.00	
22.00	PARTNERSHIP EXPENSE	192.03	0	3,374	9	22.00	
	0		0	10,429,173			
<b>C - INTEREST</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,256,919	11	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.01	0	33,005	11	2.00	
	0		0	1,289,924			
<b>D - AMORTIZATION</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	210,531	11	1.00	
	0		0	210,531			
<b>E - ALLIED HEALTH</b>							
1.00	ALLIED HEALTH	66.01	14,994,189	586,559	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	0		14,994,189	586,559			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>F - NMH SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	3,196,104	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	3,196,104			
<b>G - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	10,893	0		2.00
3.00	HOUSEKEEPING	9.00	0	528	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	40,262	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,611,250	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,762	0		6.00
7.00	ALLIED HEALTH	66.01	0	10,059	0		7.00
8.00	PROSTHETICS AND ORTHOTICS	76.00	0	144	0		8.00
9.00	CLINIC	90.00	0	14,973	0		9.00
10.00	RESEARCH	191.00	0	380	0		10.00
11.00	PURCHASING RECEIVING AND STORES	5.01	0	2,440	0		11.00
12.00	LABORATORY	60.00	0	377	0		12.00
14.00	PHARMACY	15.00	0	52	0		14.00
	0		0	1,699,169			
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	665,790	104,136	0		1.00
2.00		0.00	0	0	0		2.00
	0		665,790	104,136			
<b>I - LINEN</b>							
1.00	HOUSEKEEPING	9.00	0	573,214	0		1.00
	0		0	573,214			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	410,442	1,042,293	0		1.00
	0		410,442	1,042,293			
<b>K - DRUGS</b>							
1.00	PHARMACY	15.00	0	5,893,212	0		1.00
	0		0	5,893,212			
<b>L - PULMONARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	490,531	312,863	0		1.00
2.00	CLINIC	90.00	32,994	22,663	0		2.00
	0		523,525	335,526			
<b>M - PARAMEDICAL EDUCATION</b>							
1.00	PROSTHETICS AND ORTHOTICS	76.00	545,482	6,000	0		1.00
	0		545,482	6,000			
500.00	Grand Total: Decreases		17,139,428	52,164,760			500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
1/15/2016 12:27 pm

Increases				Decreases					
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - EMPLOYEE BENEFITS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,798,919	PURCHASING RECEIVING AND STORES	5.01	0	82,083	1.00
2.00		0.00	0	0	ADMINISTRATIVE	5.02	0	575,714	2.00
3.00		0.00	0	0	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	444,637	3.00
4.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,960,124	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	225,604	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	279,763	6.00
7.00		0.00	0	0	DIETARY	10.00	0	318,500	7.00
8.00		0.00	0	0	NURSING	13.00	0	279,302	8.00
9.00		0.00	0	0	ADMINISTRATIVE CENTRAL SERVICES & SUPPLY	14.00	0	114,007	9.00
10.00		0.00	0	0	PHARMACY	15.00	0	261,142	10.00
11.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	126,569	11.00
12.00		0.00	0	0	IT & R SERVICES-SALARY & FRINGES APPRVD	21.00	0	65,256	12.00
13.00		0.00	0	0	PARAMEDICAL PRGM	23.00	0	20,006	13.00
14.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	4,734,455	14.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	96,857	15.00
16.00		0.00	0	0	LABORATORY	60.00	0	75,374	16.00
17.00		0.00	0	0	VOCATIONAL REHABILITATION	60.01	0	94,986	17.00
18.00		0.00	0	0	ALLIED HEALTH	66.01	0	4,086,631	18.00
19.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	529,909	19.00
20.00		0.00	0	0	CLINIC	90.00	0	3,821,388	20.00
21.00		0.00	0	0	RESEARCH	191.00	0	2,790,347	21.00
22.00		0.00	0	0	FOUNDATION	192.01	0	570,152	22.00
23.00		0.00	0	0	ACADEMY	192.02	0	102,266	23.00
24.00		0.00	0	0	PARTNERSHIP EXPENSE	192.03	0	2,143,847	24.00
0			0	26,798,919	0		0	26,798,919	
<b>B - DEPRECIATION</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,610,265	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	72,275	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,818,908	PURCHASING RECEIVING AND STORES	5.01	0	150,758	2.00
3.00		0.00	0	0	ADMINISTRATIVE	5.02	0	18,583	3.00
4.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,469,501	4.00
5.00		0.00	0	0	OPERATION OF PLANT	7.00	0	2,910,820	5.00
6.00		0.00	0	0	HOUSEKEEPING	9.00	0	13,645	6.00
7.00		0.00	0	0	DIETARY	10.00	0	32,046	7.00
8.00		0.00	0	0	NURSING	13.00	0	51,537	8.00
9.00		0.00	0	0	ADMINISTRATIVE CENTRAL SERVICES & SUPPLY	14.00	0	9,163	9.00
10.00		0.00	0	0	PHARMACY	15.00	0	6,742	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	387,857	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	15,227	13.00
14.00		0.00	0	0	VOCATIONAL REHABILITATION	60.01	0	18,985	14.00
15.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	3,523	15.00
16.00		0.00	0	0	ALLIED HEALTH	66.01	0	448,371	16.00
17.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	30,900	17.00
18.00		0.00	0	0	CLINIC	90.00	0	536,399	18.00
19.00		0.00	0	0	RESEARCH	191.00	0	219,652	19.00
20.00		0.00	0	0	FOUNDATION	192.01	0	7,851	20.00
21.00		0.00	0	0	ACADEMY	192.02	0	21,964	21.00
22.00		0.00	0	0	PARTNERSHIP EXPENSE	192.03	0	3,374	22.00
0			0	10,429,173	0		0	10,429,173	
<b>C - INTEREST</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,256,919	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1,256,919	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	33,005	PURCHASING RECEIVING AND STORES	5.01	0	33,005	2.00
0			0	1,289,924	0		0	1,289,924	
<b>D - AMORTIZATION</b>									
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	210,531	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	210,531	1.00
0			0	210,531	0		0	210,531	

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
1/15/2016 12:27 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>E - ALLIED HEALTH</b>									
1.00	OCCUPATIONAL THERAPY	67.00	4,485,190	175,457	ALLIED HEALTH	66.01	14,994,189	586,559	1.00
2.00	PSYCHOLOGY	54.01	1,299,518	50,836		0.00	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	7,194,151	281,429		0.00	0	0	3.00
4.00	SPEECH PATHOLOGY	68.00	2,015,330	78,837		0.00	0	0	4.00
			14,994,189	586,559			14,994,189	586,559	
<b>F - NMH SERVICES</b>									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,932,114	ADULTS & PEDIATRICS	30.00	0	3,196,104	1.00
2.00	RESPIRATORY THERAPY	65.00	0	1,263,990		0.00	0	0	2.00
			0	3,196,104			0	3,196,104	
<b>G - MEDICAL SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,699,169	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49	1.00
2.00		0.00	0	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	10,893	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	528	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	40,262	4.00
5.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,611,250	5.00
6.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	7,762	6.00
7.00		0.00	0	0	ALLIED HEALTH	66.01	0	10,059	7.00
8.00		0.00	0	0	PROSTHETICS AND ORTHOTICS	76.00	0	144	8.00
9.00		0.00	0	0	CLINIC	90.00	0	14,973	9.00
10.00		0.00	0	0	RESEARCH	191.00	0	380	10.00
11.00		0.00	0	0	PURCHASING RECEIVING AND STORES	5.01	0	2,440	11.00
12.00		0.00	0	0	LABORATORY	60.00	0	377	12.00
14.00		0.00	0	0	PHARMACY	15.00	0	52	14.00
			0	1,699,169			0	1,699,169	
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>									
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	39,430	OTHER ADMINISTRATIVE AND GENERAL	5.04	665,790	104,136	1.00
2.00	CLINIC	90.00	665,790	64,706		0.00	0	0	2.00
			665,790	104,136			665,790	104,136	
<b>I - LINEN</b>									
1.00	LAUNDRY & LINEN SERVICE	8.00	0	573,214	HOUSEKEEPING	9.00	0	573,214	1.00
			0	573,214			0	573,214	
<b>J - CAFETERIA</b>									
1.00	CAFETERIA	11.00	410,442	1,042,293	DIETARY	10.00	410,442	1,042,293	1.00
			410,442	1,042,293			410,442	1,042,293	
<b>K - DRUGS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,893,212	PHARMACY	15.00	0	5,893,212	1.00
			0	5,893,212			0	5,893,212	
<b>L - PULMONARY</b>									
1.00	PULMONARY	54.02	523,525	335,526	ADULTS & PEDIATRICS	30.00	490,531	312,863	1.00
2.00		0.00	0	0	CLINIC	90.00	32,994	22,663	2.00
			523,525	335,526			523,525	335,526	
<b>M - PARAMEDICAL EDUCATION</b>									
1.00	PARAMED PRGM	23.00	545,482	6,000	PROSTHETICS AND ORTHOTICS	76.00	545,482	6,000	1.00
			545,482	6,000			545,482	6,000	
500.00	Grand Total: Increases		17,139,428	52,164,760	Grand Total: Decreases		17,139,428	52,164,760	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-7  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

		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	33,117,117	602,393	0	602,393	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	111,453,382	607,763	0	607,763	4,129,066	3.00
4.00	Building Improvements	152,952,723	197,421,925	0	197,421,925	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	49,399,928	4,244,355	0	4,244,355	290,384	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	346,923,150	202,876,436	0	202,876,436	4,419,450	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	346,923,150	202,876,436	0	202,876,436	4,419,450	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	33,719,510	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	107,932,079	0				3.00
4.00	Building Improvements	350,374,648	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	53,353,899	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	545,380,136	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	545,380,136	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-7  
Part II  
Date/Time Prepared:  
1/15/2016 12:27 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-7  
Part III  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	115,846,626	0	115,846,626	0.226413	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	395,813,999	0	395,813,999	0.773587	0	2.00
3.00	Total (sum of lines 1-2)	511,660,625	0	511,660,625	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,610,265	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,818,908	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,429,173	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	210,531	0	0	0	4,820,796	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,818,908	2.00
3.00	Total (sum of lines 1-2)	210,531	0	0	0	10,639,704	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-8

Date/Time Prepared:  
1/15/2016 12:27 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	Wkst. A-7 Ref.
				1.00	2.00	3.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,256,919	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-33,005	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11 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)	B	-13,633	OPERATION OF PLANT	7.00	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)	B	-607,088	OPERATION OF PLANT	7.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-11,122,205			0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-856,044	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines	B	-14,288	CAFETERIA	11.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 RENTAL INCOME	B	-26,776	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 33.00	
35.00 CLINIC RENTAL INCOME	B	-18,640	CLINIC	90.00	0 35.00	
38.00 PRIVATE DUTY NURSING	A	-78,077	ADULTS & PEDIATRICS	30.00	0 38.00	
38.01 PRIVATE DUTY NURSING	A	-126	NURSING ADMIN STRATION	13.00	0 38.01	
38.02 PRIVATE DUTY NURSING	A	-660	PHYSICAL THERAPY	66.00	0 38.02	
40.00 PROVIDER TAX	A	-7,168,772	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 40.00	
41.00 INTERNATIONAL RELATIONS	A	-643,505	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.00	
41.01 QATAR CONSULTING	A	-374,671	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.01	
41.02 REFERRAL DEVELOPMENT	A	-78,102	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.02	
42.00 MARKETING	A	-326,111	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.00	
42.01 CERNER SUBSCRIPTION SALES EXPENSE	A	-29	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.01	
42.02 LOBBYING EXPENSE	A	-522,666	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.02	
44.00 OTHER OPERATING REVENUE	B	-3,337	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 44.00	
45.01 OTHER OPERATING REVENUE	B	-25	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.01	
45.02 OTHER OPERATING REVENUE	B	-1,223,329	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.02	
45.03 OTHER OPERATING REVENUE	B	-49,263	OPERATION OF PLANT	7.00	0 45.03	
45.04 OTHER OPERATING REVENUE	B	-4,778	DIETARY	10.00	0 45.04	
45.05 OTHER OPERATING REVENUE	B	-62,552	MEDICAL RECORDS & LIBRARY	16.00	0 45.05	
45.06 OTHER OPERATING REVENUE	B	-7,666	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0 45.06	
45.07 OTHER OPERATING REVENUE	B	-1,900	ADULTS & PEDIATRICS	30.00	0 45.07	
45.08 OTHER OPERATING REVENUE	B	-933	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08	
45.10 OTHER OPERATING REVENUE	B	-829	VOCATIONAL REHABILITATION	60.01	0 45.10	
45.12 OTHER OPERATING REVENUE	B	-518,717	CLINIC	90.00	0 45.12	
45.13 OTHER OPERATING REVENUE	B	-15,572	OCCUPATIONAL THERAPY	67.00	0 45.13	
45.14 OTHER OPERATING REVENUE	B	-3,575	PSYCHOLOGY	54.01	0 45.14	
45.15 OTHER OPERATING REVENUE	B	-24,977	PHYSICAL THERAPY	66.00	0 45.15	
45.16 OTHER OPERATING REVENUE	B	-6,997	SPEECH PATHOLOGY	68.00	0 45.16	
45.18 DEPOSITION INCOME	B	-141,312	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.18	
45.20 DEPOSITION INCOME	B	-122,468	CLINIC	90.00	0 45.20	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,329,547			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet A-8-2

Date/Time Prepared:  
1/15/2016 12:27 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	90.00	AGGREGATE-CLINIC	13,671,679	10,279,245	3,392,434	211,500	23,727	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	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			13,671,679	10,279,245	3,392,434		23,727	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	90.00	AGGREGATE-CLINIC	2,412,625	120,631	163,926	40,676	387,584	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	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			2,412,625	120,631	163,926	40,676	387,584	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	90.00	AGGREGATE-CLINIC	96,173	2,549,474	842,960	11,122,205	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	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			96,173	2,549,474	842,960	11,122,205	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,820,796	4,820,796			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,818,908		5,818,908		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,256,152	1,309	71,718	30,329,179	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	618,992	7,851	149,597	81,942	858,382 5.01
5.02 00570	ADMITTING	2,176,283	23,293	18,440	569,448	7,302 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,288,728	0	0	442,640	10,550 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	29,854,777	515,304	3,785,838	5,186,135	101,842 5.04
7.00 00700	OPERATION OF PLANT	8,301,161	540,756	0	223,450	6,752 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	573,214	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,903,204	23,293	13,540	276,594	3,673 9.00
10.00 01000	DIETARY	1,318,706	251,639	31,799	204,907	23,303 10.00
11.00 01100	CAFETERIA	582,403	0	0	110,132	12,548 11.00
13.00 01300	NURSING ADMINISTRATION	1,297,035	34,939	51,140	274,587	1,793 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	736,522	93,171	9,092	112,860	135,651 14.00
15.00 01500	PHARMACY	1,378,404	18,634	6,690	257,442	37,357 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	646,861	8,506	0	123,803	4,469 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,050,658	46,585	0	70,378	17,234 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM	655,369	0	0	172,079	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	17,834,771	1,232,181	384,869	4,673,543	52,120 30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,323,481	34,939	15,110	96,496	2,460 54.00
54.01 05401	PSYCHOLOGY	1,346,779	54,568	31,117	349,110	4,033 54.01
54.02 05402	PULMONARY	859,051	0	0	0	0 54.02
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	889,227	18,634	0	74,982	847 60.00
60.01 06001	VOCATIONAL REHABILITATION	382,739	0	18,839	94,337	1,042 60.01
65.00 06500	RESPIRATORY THERAPY	1,268,157	0	3,496	0	994 65.00
66.00 06600	PHYSICAL THERAPY	7,449,943	381,175	217,380	1,932,680	28,166 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	4,645,075	237,637	135,525	1,204,928	17,560 67.00
68.00 06800	SPEECH PATHOLOGY	2,087,170	106,780	60,895	541,410	7,890 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,699,169	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	5,893,212	0	0	0	0 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	4,202,535	77,141	30,662	377,783	34,610 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	22,896,422	403,827	532,267	7,017,290	88,236 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	170,055,904	4,112,162	5,568,014	24,468,956	600,432 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	19,223,820	580,524	217,960	2,866,826	98,972 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	3,007,404	23,293	7,791	574,266	81,645 192.01
192.02 19202	ACADEMY	510,206	104,817	21,795	101,251	69,892 192.02
192.03 19203	PARTNERSHIP EXPENSE	8,993,891	0	3,348	2,317,880	7,441 192.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	201,791,225	4,820,796	5,818,908	30,329,179	858,382 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part I Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	2,794,766					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,741,918				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	39,443,896	39,443,896		5.04
7.00	00700	OPERATION OF PLANT	0	0	9,072,119	2,204,162	11,276,281	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	573,214	139,268	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,220,304	539,445	70,374	9.00
10.00	01000	DIETARY	0	0	1,830,354	444,703	760,273	10.00
11.00	01100	CAFETERIA	0	0	705,083	171,307	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,659,494	403,191	105,561	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,087,296	264,169	281,495	14.00
15.00	01500	PHARMACY	0	0	1,698,527	412,674	56,299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	783,639	190,393	25,698	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,184,855	773,792	140,747	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	827,448	201,037	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	912,034	512,473	25,601,991	6,220,260	3,722,768	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,355	50,159	2,577,000	626,108	105,561	54.00
54.01	05401	PSYCHOLOGY	21,765	45,672	1,853,044	450,216	164,864	54.01
54.02	05402	PULMONARY	25,173	15,843	900,067	218,680	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	196,782	114,827	1,295,299	314,706	56,299	60.00
60.01	06001	VOCATIONAL REHABILITATION	850	14,243	512,050	124,408	0	60.01
65.00	06500	RESPIRATORY THERAPY	111,687	62,564	1,446,898	351,538	0	65.00
66.00	06600	PHYSICAL THERAPY	375,883	356,629	10,741,856	2,609,841	1,151,638	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	366,675	252,244	6,859,644	1,666,619	717,970	67.00
68.00	06800	SPEECH PATHOLOGY	136,822	89,654	3,030,621	736,320	322,612	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	108,863	61,086	1,869,118	454,121	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	438,048	298,050	6,629,310	1,610,657	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	43,093	129,500	4,895,324	1,189,368	233,064	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,736	738,974	31,679,752	7,696,902	1,220,075	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,794,766	2,741,918	162,978,203	30,013,885	9,135,298	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	0	22,988,102	5,585,189	1,753,927	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	3,694,399	897,591	70,374	192.01
192.02	19202	ACADEMY	0	0	807,961	196,302	316,682	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	11,322,560	2,750,929	0	192.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,794,766	2,741,918	201,791,225	39,443,896	11,276,281	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	712,482				8.00
9.00	00900	HOUSEKEEPING	0	2,830,123			9.00
10.00	01000	DIETARY	0	291,860	3,327,190		10.00
11.00	01100	CAFETERIA	0	0	0	876,390	11.00
13.00	01300	NURSING ADMINISTRATION	0	19,476	0	11,910	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,363	0	11,188	14.00
15.00	01500	PHARMACY	0	6,399	0	12,173	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,790	0	6,767	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	79,851	0	1,451	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	4,213	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	712,482	1,685,220	3,327,190	359,646	2,199,632
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,972	0	4,969	54.00
54.01	05401	PSYCHOLOGY	0	33,944	0	13,325	54.01
54.02	05402	PULMONARY	0	13,077	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	7,234	0	5,268	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	33,109	0	4,421	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	212,287	0	73,706	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	88,476	0	45,945	67.00
68.00	06800	SPEECH PATHOLOGY	0	45,073	0	20,613	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	24,762	0	16,907	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	168,327	0	175,570	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	712,482	2,752,220	3,327,190	768,072	2,199,632
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	37,282	0	90,412	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	30,605	0	15,394	192.01
192.02	19202	ACADEMY	0	10,016	0	2,512	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	192.03
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)	712,482	2,830,123	3,327,190	876,390	2,199,632

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	1,662,511					14.00
15.00 01500 PHARMACY	0	2,186,072				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,014,287			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,180,696		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	343,173	2,508,417	0	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	16,245	0	0	54.00
54.01 05401 PSYCHOLOGY	0	0	27,413	0	0	54.01
54.02 05402 PULMONARY	0	0	18,275	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	14,214	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	47,719	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	107,622	1,254,209	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	83,255	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68,025	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,662,511	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	2,186,072	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	17,260	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	266,009	0	0	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,662,511	2,186,072	1,009,210	3,762,626	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	5,077	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0	418,070	0	192.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,662,511	2,186,072	1,014,287	4,180,696	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	1,032,698			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	485,368	47,166,147	-2,508,417	44,657,730
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,346,855	0	3,346,855
54.01	05401	PSYCHOLOGY	0	2,542,806	0	2,542,806
54.02	05402	PULMONARY	0	1,150,099	0	1,150,099
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	1,693,020	0	1,693,020
60.01	06001	VOCATIONAL REHABILITATION	0	721,707	0	721,707
65.00	06500	RESPIRATORY THERAPY	0	1,798,436	0	1,798,436
66.00	06600	PHYSICAL THERAPY	0	16,151,159	-1,254,209	14,896,950
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	9,461,909	0	9,461,909
68.00	06800	SPEECH PATHOLOGY	0	4,223,264	0	4,223,264
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,985,750	0	3,985,750
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,426,039	0	10,426,039
76.00	03020	PROSTHETICS AND ORTHOTICS	0	6,376,685	0	6,376,685
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	547,330	41,753,965	0	41,753,965
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,032,698	150,797,841	-3,762,626	147,035,215
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	0	30,459,989	0	30,459,989
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	4,708,363	0	4,708,363
192.02	19202	ACADEMY	0	1,333,473	0	1,333,473
192.03	19203	PARTNERSHIP EXPENSE	0	14,491,559	-418,070	14,073,489
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,032,698	201,791,225	-4,180,696	197,610,529

COST ALLOCATION STATISTICS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet Non-CMS W  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	6	GROSS	SALARIES	4.00
5.01	PURCHASING RECEIVING AND STORES	7	OTHER	EXPENSE	5.01
5.02	ADMITTING	8	INPATIENT	CHARGES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	11	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	13	HOURS OF	SERVICE	9.00
10.00	DIETARY	14	MEALS	SERVED	10.00
11.00	CAFETERIA	15	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	16	DIRECT	NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	14.00
15.00	PHARMACY	18	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	22.00
23.00	PARAMED ED PRGM	21	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/15/2016 12:27 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	73,463	1,309	71,718	146,490	4.00
5.01 00540	PURCHASING RECEIVING AND STORES	0	7,851	149,597	157,448	5.01
5.02 00570	ADMINISTRATIVE	36,732	23,293	18,440	78,465	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	177,800	0	0	177,800	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	959,215	515,304	3,785,838	5,260,357	5.04
7.00 00700	OPERATION OF PLANT	83,780	540,756	0	624,536	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	23,293	13,540	36,833	9.00
10.00 01000	DIETARY	0	251,639	31,799	283,438	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	34,939	51,140	86,079	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	93,171	9,092	102,263	14.00
15.00 01500	PHARMACY	0	18,634	6,690	25,324	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	25,045	8,506	0	33,551	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	46,585	0	46,585	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,232,181	384,869	1,617,050	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,600	34,939	15,110	52,649	54.00
54.01 05401	PSYCHOLOGY	13,740	54,568	31,117	99,425	54.01
54.02 05402	PULMONARY	0	0	0	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	18,634	0	18,634	60.00
60.01 06001	VOCATIONAL REHABILITATION	21,740	0	18,839	40,579	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	3,496	3,496	65.00
66.00 06600	PHYSICAL THERAPY	95,988	381,175	217,380	694,543	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	59,844	237,637	135,525	433,006	67.00
68.00 06800	SPEECH PATHOLOGY	26,889	106,780	60,895	194,564	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	77,141	30,662	107,803	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,673,199	403,827	532,267	2,609,293	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,250,035	4,112,162	5,568,014	12,930,211	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	222,608	580,524	217,960	1,021,092	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	203,200	23,293	7,791	234,284	192.01
192.02 19202	ACADEMY	0	104,817	21,795	126,612	192.02
192.03 19203	PARTNERSHIP EXPENSE	111,003	0	3,348	114,351	192.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,786,846	4,820,796	5,818,908	14,426,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet B Part II Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.01	5.02	5.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES	157,844				5.01
5.02	00570	ADMINITTING	1,343	82,559			5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,940	0	181,879		5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	18,727	0	0	5,304,142	5.04
7.00	00700	OPERATION OF PLANT	1,242	0	0	296,404	923,262 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	18,728	0 8.00
9.00	00900	HOUSEKEEPING	675	0	0	72,542	5,762 9.00
10.00	01000	DIETARY	4,285	0	0	59,801	62,248 10.00
11.00	01100	CAFETERIA	2,307	0	0	23,036	0 11.00
13.00	01300	NURSING ADMINISTRATION	330	0	0	54,219	8,643 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,946	0	0	35,524	23,048 14.00
15.00	01500	PHARMACY	6,869	0	0	55,494	4,610 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	822	0	0	25,603	2,104 16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,169	0	0	104,056	11,524 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED PRGM	0	0	0	27,034	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,584	26,993	33,994	836,468	304,807 30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	452	1,604	3,327	84,196	8,643 54.00
54.01	05401	PSYCHOLOGY	742	642	3,030	60,543	13,499 54.01
54.02	05402	PULMONARY	0	743	1,051	29,407	0 54.02
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	156	5,808	7,617	42,320	4,610 60.00
60.01	06001	VOCATIONAL REHABILITATION	192	25	945	16,730	0 60.01
65.00	06500	RESPIRATORY THERAPY	183	3,296	4,150	47,273	0 65.00
66.00	06600	PHYSICAL THERAPY	5,179	11,094	23,657	350,958	94,292 66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	3,229	10,822	16,732	224,118	58,785 67.00
68.00	06800	SPEECH PATHOLOGY	1,451	4,038	5,947	99,016	26,414 68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,213	4,052	61,068	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	12,928	19,771	216,593	0 73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	6,364	1,272	8,590	159,940	19,082 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	16,225	81	49,016	1,034,972	99,895 90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,412	82,559	181,879	4,036,043	747,966 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	18,199	0	0	751,067	143,605 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	FOUNDATION	15,013	0	0	120,703	5,762 192.01
192.02	19202	ACADEMY	12,852	0	0	26,398	25,929 192.02
192.03	19203	PARTNERSHIP EXPENSE	1,368	0	0	369,931	0 192.03
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)	157,844	82,559	181,879	5,304,142	923,262 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet B Part II Date/Time Prepared: 1/15/2016 12:27 pm				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMITTING					5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	18,728				8.00	
9.00	00900	HOUSEKEEPING	0	117,148			9.00	
10.00	01000	DIETARY	0	12,081	422,843		10.00	
11.00	01100	CAFETERIA	0	0	0	25,875	11.00	
13.00	01300	NURSING ADMINISTRATION	0	806	0	352	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	760	0	330	14.00	
15.00	01500	PHARMACY	0	265	0	359	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	322	0	200	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,305	0	43	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM	0	0	0	124	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	18,728	69,758	422,843	10,618	151,756	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	703	0	147	0	54.00
54.01	05401	PSYCHOLOGY	0	1,405	0	393	0	54.01
54.02	05402	PULMONARY	0	541	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	299	0	156	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	1,370	0	131	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,787	0	2,176	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	3,662	0	1,357	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,866	0	609	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	1,025	0	499	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	6,968	0	5,184	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,728	113,923	422,843	22,678	151,756	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
191.00	19100	RESEARCH	0	1,543	0	2,669	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	1,267	0	454	0	192.01
192.02	19202	ACADEMY	0	415	0	74	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
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)	18,728	117,148	422,843	25,875	151,756	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	187,416					14.00
15.00 01500 PHARMACY	0	94,165				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	63,200			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	169,022		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	21,383			30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,012			54.00
54.01 05401 PSYCHOLOGY	0	0	1,708			54.01
54.02 05402 PULMONARY	0	0	1,139			54.02
57.00 05700 CT SCAN	0	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	0	0	886			60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	2,973			60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0	6,706			66.00
66.01 06601 ALLIED HEALTH	0	0	0			66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	5,188			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4,239			68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	187,416	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	94,165	0			73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	1,075			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	0	16,575			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
118.00	187,416	94,165	62,884	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	0	316			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 19201 FOUNDATION	0	0	0			192.01
192.02 19202 ACADEMY	0	0	0			192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0			192.03
200.00				169,022		200.00
201.00	0	0	0	0	0	201.00
202.00	187,416	94,165	63,200	169,022	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B  
Part II  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	27,989			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	3,546,563	0	3,546,563	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,199	0	153,199	54.00
54.01	05401	PSYCHOLOGY	183,074	0	183,074	54.01
54.02	05402	PULMONARY	32,881	0	32,881	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	80,848	0	80,848	60.00
60.01	06001	VOCATIONAL REHABILITATION	63,401	0	63,401	60.01
65.00	06500	RESPIRATORY THERAPY	58,398	0	58,398	65.00
66.00	06600	PHYSICAL THERAPY	1,206,730	0	1,206,730	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	762,721	0	762,721	67.00
68.00	06800	SPEECH PATHOLOGY	340,760	0	340,760	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	255,749	0	255,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,457	0	343,457	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	307,475	0	307,475	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	3,872,065	0	3,872,065	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,207,321	0	11,207,321
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	19100	RESEARCH	1,952,342	0	1,952,342	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	380,258	0	380,258	192.01
192.02	19202	ACADEMY	192,769	0	192,769	192.02
192.03	19203	PARTNERSHIP EXPENSE	496,849	0	496,849	192.03
200.00		Cross Foot Adjustments	27,989	0	197,011	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,989	14,426,550	0	14,426,550

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B-1

Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	368,400				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		5,864,081			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	100	72,275	112,896,513		4.00
5.01 00540	PURCHASING RECEIVING AND STORES	600	150,758	305,020	623,484	5.01
5.02 00570	ADMITTING	1,780	18,583	2,119,696	5,304	229,762,925 5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,647,672	7,663	0 5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	39,379	3,815,229	19,304,717	73,973	0 5.04
7.00 00700	OPERATION OF PLANT	41,324	0	831,763	4,904	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	1,780	13,645	1,029,584	2,668	0 9.00
10.00 01000	DIETARY	19,230	32,046	762,738	16,926	0 10.00
11.00 01100	CAFETERIA	0	0	409,952	9,114	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,670	51,537	1,022,113	1,302	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,120	9,163	420,107	98,530	0 14.00
15.00 01500	PHARMACY	1,424	6,742	958,296	27,134	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	650	0	460,839	3,246	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	261,972	12,518	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM	0	0	640,543	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	94,162	387,857	17,396,660	37,857	74,983,900 30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,670	15,227	359,193	1,787	4,468,499 54.00
54.01 05401	PSYCHOLOGY	4,170	31,359	1,299,518	2,929	1,789,311 54.01
54.02 05402	PULMONARY	0	0	0	0	2,069,463 54.02
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	1,424	0	279,109	615	16,177,396 60.00
60.01 06001	VOCATIONAL REHABILITATION	0	18,985	351,158	757	69,916 60.01
65.00 06500	RESPIRATORY THERAPY	0	3,523	0	722	9,181,744 65.00
66.00 06600	PHYSICAL THERAPY	29,129	219,067	7,194,151	20,458	30,901,235 66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	18,160	136,577	4,485,190	12,755	30,144,311 67.00
68.00 06800	SPEECH PATHOLOGY	8,160	61,368	2,015,330	5,731	11,248,091 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,949,597 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	36,011,871 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	5,895	30,900	1,406,247	25,139	3,542,642 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	30,860	536,399	26,121,023	64,090	224,949 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	314,247	5,611,240	91,082,591	436,122	229,762,925 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100	RESEARCH	44,363	219,652	10,671,388	71,888	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	FOUNDATION	1,780	7,851	2,137,631	59,303	0 192.01
192.02 19202	ACADEMY	8,010	21,964	376,895	50,766	0 192.02
192.03 19203	PARTNERSHIP EXPENSE	0	3,374	8,628,008	5,405	0 192.03
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)	4,820,796	5,818,908	30,329,179	858,382	2,794,766 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.085765	0.992297	0.268646	1.376751	0.012164 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			146,490	157,844	82,559 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001298	0.253164	0.000359 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B-1

Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	402,413,145				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-39,443,896	162,347,329		5.04
7.00	00700	OPERATION OF PLANT	0	0	9,072,119	285,217	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	573,214	0	46,398
9.00	00900	HOUSEKEEPING	0	0	2,220,304	1,780	0
10.00	01000	DIETARY	0	0	1,830,354	19,230	0
11.00	01100	CAFETERIA	0	0	705,083	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	1,659,494	2,670	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,087,296	7,120	0
15.00	01500	PHARMACY	0	0	1,698,527	1,424	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	783,639	650	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,184,855	3,560	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	827,448	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,208,849	0	25,601,991	94,162	46,398
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,361,195	0	2,577,000	2,670	0
54.01	05401	PSYCHOLOGY	6,702,694	0	1,853,044	4,170	0
54.02	05402	PULMONARY	2,325,041	0	900,067	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	16,851,564	0	1,295,299	1,424	0
60.01	06001	VOCATIONAL REHABILITATION	2,090,292	0	512,050	0	0
65.00	06500	RESPIRATORY THERAPY	9,181,744	0	1,446,898	0	0
66.00	06600	PHYSICAL THERAPY	52,337,636	0	10,741,856	29,129	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	37,018,432	0	6,859,644	18,160	0
68.00	06800	SPEECH PATHOLOGY	13,157,329	0	3,030,621	8,160	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,964,832	0	1,869,118	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	43,740,789	0	6,629,310	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	19,005,035	0	4,895,324	5,895	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	108,467,713	0	31,679,752	30,860	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	402,413,145	-39,443,896	123,534,307	231,064	46,398
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	RESEARCH	0	0	22,988,102	44,363	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	FOUNDATION	0	0	3,694,399	1,780	0
192.02	19202	ACADEMY	0	0	807,961	8,010	0
192.03	19203	PARTNERSHIP EXPENSE	0	0	11,322,560	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,741,918		39,443,896	11,276,281	712,482
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006814		0.242960	39.535796	15.355877
204.00		Cost to be allocated (per Wkst. B, Part II)	181,879		5,304,142	923,262	18,728
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000452		0.032672	3.237051	0.403638

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B-1

Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<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	00570						5.02
5.03	00580						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	10,172					9.00
10.00	01000	1,049	180,684				10.00
11.00	01100	0	0	126,275			11.00
13.00	01300	70	0	1,716	870,344		13.00
14.00	01400	66	0	1,612	0	1,000	14.00
15.00	01500	23	0	1,754	0	0	15.00
16.00	01600	28	0	975	0	0	16.00
21.00	02100	287	0	209	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	607	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	6,057	180,684	51,820	870,344	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	61	0	716	0	0	54.00
54.01	05401	122	0	1,920	0	0	54.01
54.02	05402	47	0	0	0	0	54.02
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26	0	759	0	0	60.00
60.01	06001	119	0	637	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	763	0	10,620	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	6,620	0	0	67.00
68.00	06800	162	0	2,970	0	0	68.00
71.00	07100	0	0	0	0	1,000	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	89	0	2,436	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	605	0	25,297	0	0	90.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		9,892	180,684	110,668	870,344	1,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	19100	134	0	13,027	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	110	0	2,218	0	0	192.01
192.02	19202	36	0	362	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,830,123	3,327,190	876,390	2,199,632	1,662,511	202.00
203.00		278.226799	18.414414	6.940329	2.527313	1,662.511000	203.00
204.00		117,148	422,843	25,875	151,756	187,416	204.00
205.00		11.516713	2.340235	0.204910	0.174363	187.416000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet B-1

Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	1,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,000		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	338	600	600	47	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	16	0	0	0	54.00
54.01 05401 PSYCHOLOGY	0	27	0	0	0	54.01
54.02 05402 PULMONARY	0	18	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	14	0	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	47	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	106	300	300	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	82	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	67	0	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,000	0	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	262	0	0	53	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	1,000	994	900	900	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 19100 RESEARCH	0	5	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
200.00						200.00
201.00						201.00
202.00	2,186,072	1,014,287	4,180,696	0	1,032,698	202.00
203.00	2,186.072000	1,015.302302	4,180.696000	0.000000	10,326.980000	203.00
204.00	94,165	63,200	169,022	0	27,989	204.00
205.00	94.165000	63.263263	169.022000	0.000000	279.890000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet C Part I Date/Time Prepared: 1/15/2016 12:27 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	44,657,730		44,657,730	0	44,657,730	30.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,346,855		3,346,855	0	3,346,855	54.00
54.01	05401	PSYCHOLOGY	2,542,806		2,542,806	0	2,542,806	54.01
54.02	05402	PULMONARY	1,150,099		1,150,099	0	1,150,099	54.02
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	1,693,020		1,693,020	0	1,693,020	60.00
60.01	06001	VOCATIONAL REHABILITATION	721,707		721,707	0	721,707	60.01
65.00	06500	RESPIRATORY THERAPY	1,798,436	0	1,798,436	0	1,798,436	65.00
66.00	06600	PHYSICAL THERAPY	14,896,950	0	14,896,950	0	14,896,950	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	9,461,909	0	9,461,909	0	9,461,909	67.00
68.00	06800	SPEECH PATHOLOGY	4,223,264	0	4,223,264	0	4,223,264	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,985,750		3,985,750	0	3,985,750	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,426,039		10,426,039	0	10,426,039	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	6,376,685		6,376,685	0	6,376,685	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	41,753,965		41,753,965	842,960	42,596,925	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
200.00		Subtotal (see instructions)	147,035,215	0	147,035,215	842,960	147,878,175	200.00
201.00		Less Observation Beds	0		0	0	0	201.00
202.00		Total (see instructions)	147,035,215	0	147,035,215	842,960	147,878,175	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet C Part I Date/Time Prepared: 1/15/2016 12:27 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,208,849		75,208,849		30.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,468,499	2,892,696	7,361,195	0.454662	54.00
54.01	05401	PSYCHOLOGY	1,789,311	4,913,383	6,702,694	0.379371	54.01
54.02	05402	PULMONARY	2,069,463	255,578	2,325,041	0.494658	54.02
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	16,177,396	674,168	16,851,564	0.100467	60.00
60.01	06001	VOCATIONAL REHABILITATION	69,916	2,020,376	2,090,292	0.345266	60.01
65.00	06500	RESPIRATORY THERAPY	9,181,744	0	9,181,744	0.195871	65.00
66.00	06600	PHYSICAL THERAPY	30,901,235	21,436,401	52,337,636	0.284632	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	30,144,311	6,874,121	37,018,432	0.255600	67.00
68.00	06800	SPEECH PATHOLOGY	11,248,091	1,909,238	13,157,329	0.320982	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,949,597	15,235	8,964,832	0.444598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,011,871	7,728,918	43,740,789	0.238360	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,542,642	15,462,393	19,005,035	0.335526	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	108,467,713	108,467,713	0.384944	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	229,762,925	172,650,220	402,413,145		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	229,762,925	172,650,220	402,413,145		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet C Part I Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.454662		54.00
54.01	05401 PSYCHOLOGY	0.379371		54.01
54.02	05402 PULMONARY	0.494658		54.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.100467		60.00
60.01	06001 VOCATIONAL REHABILITATION	0.345266		60.01
65.00	06500 RESPIRATORY THERAPY	0.195871		65.00
66.00	06600 PHYSICAL THERAPY	0.284632		66.00
66.01	06601 ALLIED HEALTH	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.255600		67.00
68.00	06800 SPEECH PATHOLOGY	0.320982		68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.444598		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238360		73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.335526		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.392715		90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part I Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,546,563	0	3,546,563	60,228	58.89	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (Lines 30-199)	3,546,563		3,546,563	60,228		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	20,192	1,189,107				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30-199)	20,192	1,189,107				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part II Date/Time Prepared: 1/15/2016 12:27 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,199	7,361,195	0.020812	2,166,913	45,098	54.00
54.01	05401	PSYCHOLOGY	183,074	6,702,694	0.027313	400,302	10,933	54.01
54.02	05402	PULMONARY	32,881	2,325,041	0.014142	676,520	9,567	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	80,848	16,851,564	0.004798	6,041,749	28,988	60.00
60.01	06001	VOCATIONAL REHABILITATION	63,401	2,090,292	0.030331	9,173	278	60.01
65.00	06500	RESPIRATORY THERAPY	58,398	9,181,744	0.006360	2,318,502	14,746	65.00
66.00	06600	PHYSICAL THERAPY	1,206,730	52,337,636	0.023057	10,453,699	241,031	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	762,721	37,018,432	0.020604	10,295,339	212,125	67.00
68.00	06800	SPEECH PATHOLOGY	340,760	13,157,329	0.025899	3,715,421	96,226	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	255,749	8,964,832	0.028528	2,488,819	71,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	343,457	43,740,789	0.007852	12,419,765	97,520	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	307,475	19,005,035	0.016179	930,912	15,061	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	3,872,065	108,467,713	0.035698	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,660,758	327,204,296		51,917,114	842,574	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet D Part III Date/Time Prepared: 1/15/2016 12:27 pm		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	485,368	0	0	485,368	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
200.00		Total (lines 30-199)	0	485,368	0	0	485,368	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)	PSA Adj. Nursing School		
			6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	60,228	8.06	20,192	162,748	0	30.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00	
200.00		Total (lines 30-199)	60,228		20,192	162,748	0	200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
			12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0					30.00
41.00	04100	SUBPROVIDER - IRF	0	0					41.00
42.00	04200	SUBPROVIDER	0	0					42.00
200.00		Total (lines 30-199)	0	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	547,330	0	547,330	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	547,330	0	547,330	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet D  
Part IV  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,361,195	0.000000	0.000000	2,166,913	54.00
54.01	05401	PSYCHOLOGY	0	6,702,694	0.000000	0.000000	400,302	54.01
54.02	05402	PULMONARY	0	2,325,041	0.000000	0.000000	676,520	54.02
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	16,851,564	0.000000	0.000000	6,041,749	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	2,090,292	0.000000	0.000000	9,173	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,181,744	0.000000	0.000000	2,318,502	65.00
66.00	06600	PHYSICAL THERAPY	0	52,337,636	0.000000	0.000000	10,453,699	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	37,018,432	0.000000	0.000000	10,295,339	67.00
68.00	06800	SPEECH PATHOLOGY	0	13,157,329	0.000000	0.000000	3,715,421	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,964,832	0.000000	0.000000	2,488,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,740,789	0.000000	0.000000	12,419,765	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	19,005,035	0.000000	0.000000	930,912	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	547,330	108,467,713	0.005046	0.005046	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	547,330	327,204,296			51,917,114	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 12:27 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	770,430	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	487,853	0	0	0	54.01
54.02	05402	PULMONARY	0	103,788	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	135,626	0	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	229,703	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,030	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,029	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	2,878,577	0	0	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	4,127,309	20,826	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	8,745,345	20,826	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part IV Date/Time Prepared: 1/15/2016 12:27 pm
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	54.01
54.02	05402	PULMONARY	0	0	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.454662	770,430	0	0	350,285	54.00
54.01	05401	PSYCHOLOGY	0.379371	487,853	0	0	185,077	54.01
54.02	05402	PULMONARY	0.494658	103,788	0	0	51,340	54.02
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.100467	135,626	0	0	13,626	60.00
60.01	06001	VOCATIONAL REHABILITATION	0.345266	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.195871	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.284632	229,703	0	0	65,381	66.00
66.01	06601	ALLIED HEALTH	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.255600	2,030	0	0	519	67.00
68.00	06800	SPEECH PATHOLOGY	0.320982	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.444598	10,029	0	0	4,459	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.238360	2,878,577	0	0	686,138	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0.335526	0	14,109	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.384944	4,127,309	0	0	1,588,783	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
200.00		Subtotal (see instructions)		8,745,345	14,109	0	2,945,608	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		8,745,345	14,109	0	2,945,608	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D Part V Date/Time Prepared: 1/15/2016 12:27 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	PSYCHOLOGY	0	0	54.01
54.02 05402	PULMONARY	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03020	PROSTHETICS AND ORTHOTICS	4,734	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	4,734	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,734	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D-1 Date/Time Prepared: 1/15/2016 12:27 pm
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)		60,228	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,228	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)		60,228	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)		20,192	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)		44,657,730	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)		44,657,730	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)		44,657,730	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)		741.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,971,964	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)		14,971,964	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,714,785		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,686,749		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)					1,351,855		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					842,574		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,194,429		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,492,320		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet D-1 Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,546,563	44,657,730	0.079417	0	0	90.00
91.00	Nursing School cost	0	44,657,730	0.000000	0	0	91.00
92.00	Allied health cost	485,368	44,657,730	0.010869	0	0	92.00
93.00	All other Medical Education	0	44,657,730	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet D-3 Date/Time Prepared: 1/15/2016 12:27 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		25,064,901		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.454662	2,166,913	985,213	54.00
54.01	05401 PSYCHOLOGY	0.379371	400,302	151,863	54.01
54.02	05402 PULMONARY	0.494658	676,520	334,646	54.02
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.100467	6,041,749	606,996	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.345266	9,173	3,167	60.01
65.00	06500 RESPIRATORY THERAPY	0.195871	2,318,502	454,127	65.00
66.00	06600 PHYSICAL THERAPY	0.284632	10,453,699	2,975,457	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.255600	10,295,339	2,631,489	67.00
68.00	06800 SPEECH PATHOLOGY	0.320982	3,715,421	1,192,583	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.444598	2,488,819	1,106,524	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.238360	12,419,765	2,960,375	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.335526	930,912	312,345	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.392715	0	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		51,917,114	13,714,785	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)		51,917,114		202.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 1/15/2016 12:27 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	182.00	0.00			182.00	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	No				No	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	3.56	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	60,228	0			60,228	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	60,228	0			60,228	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet DSH Date/Time Prepared: 1/15/2016 12:27 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet DSH Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVIII	Hospital	PPS

		Revised	
		Percentage	
		6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	12.25	29.00
30.00	Line 28 or 29 as applicable	12.25	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/15/2016 12:27 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	363,671	363,671	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	0	0	0	0	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	0	0	0	0	0	15.00
16.00	Payment for inpatient program capital	50.00	0	0	0	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
1/15/2016 12:27 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
19.00		0	1.00	2.00	3.00	4.00	5.00	
19.00				0	0	0	0	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	0	0	0	0	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	0	0	0	0	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 143026		Period: From 09/01/2014 To 08/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/15/2016 12:27 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	363,671	363,671	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	0	0	0	0	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	0	0	0	0	15.00
16.00	Payment for inpatient program capital	50.00	0	0	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	0	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
1/15/2016 12:27 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	0	0	0	0	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	0	0	0	0	0	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00								27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0			0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0		0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	0	0	0		0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0		0	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0		0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0		0	31.01
							(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0		0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet E Part B Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,734	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,924,782	2.00
3.00	PPS payments		2,746,040	3.00
4.00	Outlier payment (see instructions)		1,166	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		20,826	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,734	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		14,109	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)		14,109	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)		14,109	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		9,375	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)		4,734	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)		2,768,032	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,336	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		573,047	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,196,383	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		75,598	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,271,981	30.00
31.00	Primary payer payments		639	31.00
32.00	Subtotal (line 30 minus line 31)		2,271,342	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)		89,075	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		57,899	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		89,075	36.00
37.00	Subtotal (see instructions)		2,329,241	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,329,241	40.00
40.01	Sequestration adjustment (see instructions)		46,585	40.01
41.00	Interim payments		2,233,941	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		48,715	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
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet E-1  
Part I  
Date/Time Prepared:  
1/15/2016 12:27 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		27,251,349		2,227,853	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/19/2015	21,126	03/19/2015	6,088	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/25/2015	49,458		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)		-28,332		6,088	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)		27,223,017		2,233,941	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		153,584		48,715	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,376,601		2,282,656	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		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet E-3 Part III Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		21,178,622	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0356	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		1,569,336	3.00
4.00	Outlier Payments		2,686,060	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)		22.77	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)		27.61	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)		22.77	9.00
10.00	Average Daily Census (see instructions)		165.008219	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.140393	11.00
12.00	Teaching Adjustment (see instructions)		2,973,330	12.00
13.00	Total PPS Payment (see instructions)		28,407,348	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)		28,407,348	17.00
18.00	Primary payer payments		8,419	18.00
19.00	Subtotal (line 17 less line 18).		28,398,929	19.00
20.00	Deductibles		141,836	20.00
21.00	Subtotal (line 19 minus line 20)		28,257,093	21.00
22.00	Coinsurance		1,325,926	22.00
23.00	Subtotal (line 21 minus line 22)		26,931,167	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		163,684	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		106,395	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		163,684	26.00
27.00	Subtotal (sum of lines 23 and 25)		27,037,562	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		734,997	28.00
29.00	Other pass through costs (see instructions)		162,748	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)		27,935,307	32.00
32.01	Sequestration adjustment (see instructions)		558,706	32.01
33.00	Interim payments		27,223,017	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)		153,584	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		2,686,060	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet E-4 Date/Time Prepared: 1/15/2016 12:27 pm	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.61	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	26.40	26.40	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	21.92	21.92	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	21.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	22.16		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	22.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	22.08		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	22.08		17.00
18.00	Per resident amount	0.00	100,666.48		18.00
19.00	Approved amount for resident costs	0	2,222,716	2,222,716	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.69	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,222,716	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	20,192	2,064		26.00
27.00	Total Inpatient Days (see instructions)	60,228	60,228		27.00
28.00	Ratio of inpatient days to total inpatient days	0.335259	0.034270		28.00
29.00	Program direct GME amount	745,186	76,172		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		10,763		30.00
31.00	Net Program direct GME amount			810,595	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2014 To 08/31/2015	Worksheet E-4 Date/Time Prepared: 1/15/2016 12:27 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		28,686,749	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		8,419	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,678,330	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		2,950,342	42.00
43.00	Primary payer payments (see instructions)		639	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		2,949,703	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		31,628,033	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.906738	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.093262	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		810,595	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		734,997	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		75,598	50.00

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

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet G  
Date/Time Prepared:  
1/15/2016 12:27 pm

		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	51,268,000	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	29,979,000	0	0	0	4.00
5.00	Other receivable	26,738,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,537,000	0	0	0	7.00
8.00	Prepaid expenses	3,036,000	0	0	0	8.00
9.00	Other current assets	3,879,000	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)	116,437,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,719,510	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	458,306,726	0	0	0	15.00
16.00	Accumulated depreciation	-92,840,108	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	53,353,899	0	0	0	23.00
24.00	Accumulated depreciation	-43,359,752	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)	409,180,275	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	324,095,000	14,515,000	90,076,000	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	0	49,329,725	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	324,095,000	63,844,725	90,076,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	849,712,275	63,844,725	90,076,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	46,598,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,119,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	61,000	0	0	0	40.00
41.00	Deferred income	1,525,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,232,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	73,535,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	398,683,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	99,758,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	498,441,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	571,976,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	277,736,275				52.00
53.00	Specific purpose fund		63,844,725			53.00
54.00	Donor created - endowment fund balance - restricted			90,076,000		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)	277,736,275	63,844,725	90,076,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	849,712,275	63,844,725	90,076,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet G-1

Date/Time Prepared:  
1/15/2016 12:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		249,546,000		78,054,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,817,744				2.00
3.00	Total (sum of line 1 and line 2)		262,363,744		78,054,000		3.00
4.00	INVESTMENT RETURN	15,372,531		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		15,372,531		0		10.00
11.00	Subtotal (line 3 plus line 10)		277,736,275		78,054,000		11.00
12.00	EXPENDITURE	0		14,209,275		5,005,000	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		14,209,275		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		277,736,275		63,844,725		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	95,081,000		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)	95,081,000		0			3.00
4.00	INVESTMENT RETURN		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)	95,081,000		0			11.00
12.00	EXPENDITURE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)		5,005,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		90,076,000		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
1/15/2016 12:27 pm

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	73,262,110		73,262,110	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,262,110		73,262,110	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,262,110		73,262,110	17.00
18.00	Ancillary services	185,139,241	183,322,907	368,462,148	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	258,401,351	183,322,907	441,724,258	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		227,120,772		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		227,120,772		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet G-3

Date/Time Prepared:  
1/15/2016 12:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	441,724,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	251,779,124	2.00
3.00	Net patient revenues (line 1 minus line 2)	189,945,134	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	227,120,772	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-37,175,638	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	10,239,809	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	607,088	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	856,044	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	14,288	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	38,276,153	24.00
25.00	Total other income (sum of lines 6-24)	49,993,382	25.00
26.00	Total (line 5 plus line 25)	12,817,744	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)	12,817,744	29.00

SPECIAL REPORTS - Interns & Residents to Beds Ratio Report

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet I&R

Date/Time Prepared:  
1/15/2016 12:27 pm

		1.00	
Subject: Interns & Residents to Beds Ratio Update (Operating IME)			
Interns & Residents to Average Daily Census Ratio Update (Capital IME)			
Please make the following changes in order to update the Provider Specific file:			
Ref: CMS PUB. 100-04, SEC 20.2.3			
INTERNS & RESIDENTS /BEDS RATIO FOR OPERATING PPS			
1.00	Number of Beds (E Pt A Ln 4)	182.00	1.00
2.00	Number of FTE Interns & Residents (E Pt A Ln 15)	0.00	2.00
3.00	Current Yr resident to bed ratio (E Pt A Ln 19)	0.0000	3.00
4.00	Prior Yr resident to bed ratio (E Pt A Ln 20)	0.0000	4.00
5.00	Lesser of Ln 3 or Ln 4 (E Pt A Ln 21)	0.0000	5.00
6.00	Section 422 Add-on FTE (E Pt A Ln 25)	0.00	6.00
7.00	Total IME Payment (E Pt A Ln 29)	0	7.00
8.00	DRG + HMO DRG (E Pt A Lns 1 + 3)	0	8.00
9.00	FISS PSF Intern to bed ratio $((((Ln 7 / Ln 8) / 1.35) + 1) ^ (1/0.405)) - 1$	0.0000	9.00
INTERNS & RESIDENTS / Average Daily Census Ratio for Capital PPS			
20.00	Number of FTE Interns & Residents (L, Ln 4)	0.00	20.00
21.00	Average Daily Census for PPS Hospital (L, Ln 3)	0.00	21.00
22.00	Ratio of Interns & Residents / Average Daily Census - Ln 20 / Ln 21 (round to four decimal places)	0.0000	22.00

The information for this update was taken from:

- \_\_\_\_\_ Information supplied by the provider
- \_\_\_\_\_ Final Settled Cost Report for FYE: 08/31/2015
- \_\_\_\_\_ Other (Specify)

SPECIAL REPORTS - OPPS RCC REPORT WITH PARAMED. ED & ALLIED HEALTH COSTS EXCLUDED

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet OPPS RCC  
Date/Time Prepared:  
1/15/2016 12:27 pm

Cost Center Description	Cost/Charge Ratio	PPS Services FYB to 12/31	PPS Services 1/1 to FYE	Total Charges (C)	Total Costs (C)	
	1.00	2.00	2.01	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS (B)</b>						
54.00 RADIOLOGY-DIAGNOSTIC	0.454662	770,430	0	770,430	350,285	54.00
54.01 PSYCHOLOGY	0.379371	487,853	0	487,853	185,077	54.01
54.02 PULMONARY	0.494658	103,788	0	103,788	51,340	54.02
57.00 CT SCAN	0.000000	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 LABORATORY	0.100467	135,626	0	135,626	13,626	60.00
60.01 VOCATIONAL REHABILITATION	0.345266	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.195871	0	0	0	0	65.00
66.00 PHYSICAL THERAPY (C)	0.284632	229,703	0	229,703	65,381	66.00
66.01 ALLIED HEALTH (C)	0.000000	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY (C)	0.255600	2,030	0	2,030	519	67.00
68.00 SPEECH PATHOLOGY (C)	0.320982	0	0	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.444598	10,029	0	10,029	4,459	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.238360	2,878,577	0	2,878,577	686,138	73.00
76.00 PROSTHETICS AND ORTHOTICS	0.335526	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC (C)	0.000000	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER (C)	0.000000	0	0	0	0	89.00
90.00 CLINIC	0.379898	4,127,309	0	4,127,309	1,567,956	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
202.00 Total		8,513,612	0	8,513,612	2,858,881	202.00
<b>RCC Calculation (B)</b>						
211.00 Total Cost (Col 4, Line 202 which equals D Pt V col 5, Line 200)					2,858,881	211.00
212.00 Total Charges (Col 3, Line 202 which equals D Pt V col 2 and subscripts, Line 200)					8,513,612	212.00
213.00 OPPS / Charge Ratio (OPPS Cost/Charge Ratio Max is 1.600)					0.336	213.00
<b>Statewide Average Operating RCC</b>						
214.00 Urban					0.217	214.00
215.00 Rural					0.252	215.00
<b>Section II - Bed Size</b>						
221.00 Bed Size (E Pt A line 4 logic)					182.00	221.00
<b>Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3</b>						
231.00 W/S E Part B, line 1, col 1					4,734	231.00
232.00 W/S E Part B line 12, col 1					14,109	232.00
233.00 Non OPPS RCC (line 231 / line 232)					0.336	233.00

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health  
 (B) Worksheet A line numbers. If lines 96-97 present, review to ensure that "Non Implantable DME" is Excluded  
 (C) Wks A lines 61, 66-68, 74, 88, 89, 94, 95 are not included in Totals

SPECIAL REPORTS - SPECIAL REHAB HOSPITAL PPS REPORT

Provider CCN: 143026

Period:  
From 09/01/2014  
To 08/31/2015

Worksheet REHAB  
PPS REPORT  
Date/Time Prepared:  
1/15/2016 12:27 pm

		1.00	
1.00	Type of Hospital:	Rehabilitation	1.00
2.00	Status:	As Submitted	2.00
3.00	Change Request:	CR9236 + 8/6/2015 Fed Reg (CR7609 CCR Calc Ref)	3.00
4.00	SubProvider:		4.00
5.00	SubProvider Number:		5.00
6.00	Type of SubProvider:		6.00
<b>EXTRACTED DATA FOR REHABILITATION PPS</b>			
11.00	Total Medicare Cost D-1, Part II Line 49 minus (D, Part III column 9 Lines 30-35[Hospital] or Line 41[Subprovider] plus D, Part IV Column 11 Line 200)	28,524,001	11.00
12.00	Total Medicare Charges D-3 Column 2 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D-3 Column 2 Line 202 (where possible, these charges should be confirmed with the PS&R data)	76,982,015	12.00
13.00	Ratio of Cost to Charges (Line 11 divided by Line 12)	0.371	13.00
14.00	Inpatient Days (S-3, Column 6, Line 17 plus Line 4 [Subprovider] or Line 1.00 + 2.00 [Hospital])	22,256	14.00
15.00	Total Days (S-3, Column 8, Line 17 [Subprovider] or Line 1.00 [Hospital])	60,228	15.00
16.00	Ratio of IRF Days to Total Days (Line 14 divided by Line 15)	0.370	16.00
17.00	RCC Max is:	1.360	17.00
18.00	National Cost to Charge Ratio: Urban	0.435	18.00
19.00	National Cost to Charge Ratio: Rural	0.562	19.00
<b>REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT</b>			
21.00	W/S E-3, Part III, Line 9.00 I&R IRF PPS Med Ed Adj	22.77	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census	165.008219	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)	0.138	23.00
<b>BED SIZE</b>			
31.00	Bed Size (S-3, Part I Line 17 Column 2)	0.00	31.00
<b>REHAB MEDICAID RATIO</b>			
41.00	IRF Medicaid Days (S-2, Part I Columns 1-6 Line 25)	0	41.00
42.00	IRF Total Days (S-3, Part I Column 8 Line 1 or Line 17 plus Employee Discount Days Column 8 Line 30 (or Line 31 for Subproviders))	60,228	42.00
43.00	IRF Medicaid Ratio (Line 41/Line 42)	0.0000	43.00