

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: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/24/2016 5:57 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/24/2016 Time: 5:57 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METHODIST HOSPITALS, INC (150002) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,301,043	310,876	0	-1,771,056	1.00
2.00 Subprovider - IPF	0	6,112	0		-251,584	2.00
3.00 Subprovider - IRF	0	-84,608	0		-177,004	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	1,222,547	310,876	0	-2,199,644	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:56 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 GRANT STREET			PO Box:							1.00	
2.00	City: GARY			State: IN		Zip Code: 46402		County: LAKE			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		METHODIST HOSPITALS, INC		150002	16974	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		GERIATRIC PSYCH		15S002	16974	4	01/01/2012	N	P	0	4.00
5.00	Subprovider - IRF		REHABILITATION		15T002	16974	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		METHODIST HOME CARE SERVICES		157536	16974		02/12/2002	N	P	0	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			8,498	10,907	501	742	8,124	89		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.			259	439	0	10	206			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:56 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)	Y		Y		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, 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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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

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		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
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,807,574	0	426,737			118.01
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
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: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:56 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		2.00		3.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
		1.00		2.00		3.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
		1.00		2.00		3.00	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
		Part A		Part B		Title V	
		1.00		2.00		3.00	
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		
156.00	Subprovider - IPF		N		N		
157.00	Subprovider - IRF		N		N		
158.00	SUBPROVIDER		N		N		
159.00	SNF		N		N		
160.00	HOME HEALTH AGENCY		N		N		
161.00	CMHC		N		N		
		1.00		2.00		3.00	
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	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00		2.00		3.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	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)			9.99		169.00	
		1.00		2.00		3.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
		10/02/2015		12/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 5:56 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: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 5:56 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	
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	04/15/2016	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	Type	Date	
			1.00	2.00	3.00	
Approved Educational Activities						
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00	
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00	
			Y/N	Legal Oper.		
			1.00	2.00		
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00	
Bed Complement						
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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)	N			N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/20/2016		Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150002

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	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.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL		ALESSANDRI NI	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7959		MALESSANDRI NI@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/20/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGED	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:56 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	370	135,050	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)		370	135,050	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,045	0.00	0	8.00
8.01 NEONATAL ICU	31.01	35	12,775	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)	43.00	438	159,870	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380		0	16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,235		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		489				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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:56 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)	35,589	8,498	80,347			1.00
2.00 HMO and other (see instructions)	3,385	20,274				2.00
3.00 HMO IPF Subprovider	0	662				3.00
4.00 HMO IRF Subprovider	0	655				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)	35,589	8,498	80,347			7.00
8.00 INTENSIVE CARE UNIT	4,143	0	8,379			8.00
8.01 NEONATAL ICU	0	0	3,028			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY			2,874			13.00
14.00 Total (see instructions)	39,732	8,498	94,628	3.00	2,045.03	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	546	184	1,506	0.00	9.22	16.00
17.00 SUBPROVIDER - IRF	7,566	259	10,538	0.00	48.19	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	9,632	1,090	19,911	0.00	24.79	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				3.00	2,127.23	27.00
28.00 Observation Bed Days		0	17,298			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	89	104			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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,434	1,190	16,026	1.00
2.00 HMO and other (see instructions)			481	3,635		2.00
3.00 HMO IPF Subprovider				165		3.00
4.00 HMO IRF Subprovider				51		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL ICU						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,434	1,190	16,026	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	83	17	258	16.00
17.00 SUBPROVIDER - IRF	0.00	0	512	22	732	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 5:56 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	141,816,584	-461,496	141,355,088	4,424,639.00	31.95
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		210,204	0	210,204	6,240.00	33.69
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		25,158,130	147,852	25,305,982	488,153.00	51.84
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		5,031,287	0	5,031,287	115,791.00	43.45
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		741,128	0	741,128	5,499.00	134.78
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		32,588,749	0	32,588,749		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,941,788	0	4,941,788		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,561,582	-203,202	1,358,380	36,055.00	37.68
27.00	Administrative & General	5.00	20,785,656	-531,881	20,253,775	656,081.00	30.87
28.00	Administrative & General under contract (see inst.)		1,935,598	0	1,935,598	8,658.00	223.56
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,468,572	-6,571	3,462,001	160,025.00	21.63
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	4,639,858	-3,902	4,635,956	302,418.00	15.33
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	3,084,557	-1,024,835	2,059,722	125,252.00	16.44
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	345,340	991,039	1,336,379	79,932.00	16.72
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,539,462	-2,838	2,536,624	59,599.00	42.56
39.00	Central Services and Supply	14.00	545,797	-4,696	541,101	32,226.00	16.79
40.00	Pharmacy	15.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	2,004,093	-948	2,003,145	85,398.00	23.46	41.00
42.00	Social Service	17.00	70,791	505,798	576,589	19,375.00	29.76	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 5:56 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	143,541,978	-461,496	143,080,482	4,427,057.00	32.32	1.00
2.00	Excluded area salaries (see instructions)	25,158,130	147,852	25,305,982	488,153.00	51.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	118,383,848	-609,348	117,774,500	3,938,904.00	29.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,772,415	0	5,772,415	121,290.00	47.59	4.00
5.00	Subtotal wage-related costs (see inst.)	32,588,749	0	32,588,749	0.00	27.67	5.00
6.00	Total (sum of lines 3 thru 5)	156,745,012	-609,348	156,135,664	4,060,194.00	38.46	6.00
7.00	Total overhead cost (see instructions)	40,981,306	-282,036	40,699,270	1,565,019.00	26.01	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 5:56 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,965,665	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		6,684,027	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		13,333,728	8.00
9.00	Prescription Drug Plan		1,976,302	9.00
10.00	Dental, Hearing and Vision Plan		1,126,944	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		655,141	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,556,446	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		9,757,827	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		165,266	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		309,190	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		37,530,536	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150002

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150002 Component CCN: 157536		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/24/2016 5:56 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	458.00	0.00	0.00	0.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			0.00	0.00	0.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			0.00	0.00	0.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.00	0.00	0.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.00	0.00	0.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.00	0.00	0.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,828	341	143	191	4,503	
22.00	Skilled Nursing Visit Charges	574,200	51,150	21,450	28,800	675,600	
23.00	Physical Therapy Visits	2,892	7	23	174	3,096	
24.00	Physical Therapy Visit Charges	472,976	1,148	3,772	28,536	506,432	
25.00	Occupational Therapy Visits	578	1	0	36	615	
26.00	Occupational Therapy Visit Charges	95,370	165	0	5,940	101,475	
27.00	Speech Pathology Visits	111	0	0	14	125	
28.00	Speech Pathology Visit Charges	19,647	0	0	2,478	22,125	
29.00	Medical Social Service Visits	9	0	0	0	9	
30.00	Medical Social Service Visit Charges	2,390	0	0	0	2,390	
31.00	Home Health Aide Visits	1,226	26	6	26	1,284	
32.00	Home Health Aide Visit Charges	82,343	1,742	402	1,742	86,229	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,644	375	172	441	9,632	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,246,926	54,205	25,624	67,496	1,394,251	
36.00	Total Number of Episodes (standard/non outlier)	469		70	29	568	
37.00	Total Number of Outlier Episodes		11		2	13	
38.00	Total Non-Routine Medical Supply Charges	60,948	8,094	2,681	776	72,499	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	9,145,642	9,145,642	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,561,582	23,419,293	24,980,875	258,294	25,239,169
5.01	00550	DATA PROCESSING	4,144,742	10,492,980	14,637,722	-469	14,637,253
5.02	00560	PURCHASING RECEIVING AND STORES	933,774	2,310,959	3,244,733	-53,655	3,191,078
5.03	00570	ADMITTING	2,056,409	532,300	2,588,709	-1,979	2,586,730
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,045,226	1,750,015	3,795,241	-12,473	3,782,768
5.05	00590	OTHER A&G	11,035,336	24,113,474	35,148,810	-12,226,602	22,922,208
5.06	00592	PATIENT TRANSPORTATION	570,169	64,936	635,105	-1,812	633,293
7.00	00700	OPERATION OF PLANT	3,468,572	6,907,487	10,376,059	4,344,714	14,720,773
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,444,372	1,444,372	0	1,444,372
9.00	00900	HOUSEKEEPING	4,639,858	1,410,769	6,050,627	-12,141	6,038,486
10.00	01000	DIETARY	3,084,557	3,419,044	6,503,601	-2,329,907	4,173,694
11.00	01100	CAFETERIA	345,340	44,409	389,749	2,296,083	2,685,832
13.00	01300	NURSING ADMINISTRATION	2,539,462	477,349	3,016,811	-4,363	3,012,448
14.00	01400	CENTRAL SERVICES & SUPPLY	545,797	1,973,814	2,519,611	-121,734	2,397,877
15.00	01500	PHARMACY	0	15,802,755	15,802,755	-15,820,806	-18,051
16.00	01600	MEDICAL RECORDS & LIBRARY	2,004,093	978,652	2,982,745	-948	2,981,797
17.00	01700	SOCIAL SERVICE	0	0	0	505,798	505,798
17.01	01701	STAFF EDUCATION	0	0	0	0	0
17.02	01702	MEDICAL EDUCATION	70,791	21,629	92,420	0	92,420
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	210,204	210,204
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,588	9,588
23.00	02300	PARAMED PROGRAM	373,723	81,394	455,117	136,431	591,548
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,413,317	6,788,127	37,201,444	-801,111	36,400,333
31.00	03100	INTENSIVE CARE UNIT	6,266,673	1,479,218	7,745,891	-253,737	7,492,154
31.01	03101	NEONATAL ICU	2,269,754	735,103	3,004,857	-6,043	2,998,814
40.00	04000	SUBPROVIDER - I PF	649,854	68,198	718,052	28,140	746,192
41.00	04100	SUBPROVIDER - I RF	3,042,703	481,034	3,523,737	-52,734	3,471,003
43.00	04300	NURSERY	622,116	272,278	894,394	-44,606	849,788
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,193,664	16,273,018	20,466,682	-12,579,802	7,886,880
50.01	05001	ENDOSCOPY	1,220,107	2,240,064	3,460,171	-408,923	3,051,248
51.00	05100	RECOVERY ROOM	948,992	131,935	1,080,927	-17,248	1,063,679
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,603,031	536,932	3,139,963	-10,962	3,129,001
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,293,936	2,141,313	4,435,249	-115,195	4,320,054
54.01	05401	RADIOLOGY - ULTRASOUND	1,301,433	481,981	1,783,414	-79,001	1,704,413
55.00	05500	RADIOLOGY-THERAPEUTIC	526,441	935,303	1,461,744	-22,426	1,439,318
56.00	05600	RADIOISOTOPE	495,956	920,636	1,416,592	-217	1,416,375
57.00	05700	CT SCAN	1,026,854	903,278	1,930,132	-70,718	1,859,414
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	405,574	182,844	588,418	-57,980	530,438
59.00	05900	CARDIAC CATHETERIZATION	2,001,001	7,423,819	9,424,820	-5,435,767	3,989,053
60.00	06000	LABORATORY	3,523,121	6,663,137	10,186,258	-11,289	10,174,969
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,166,043	364,138	1,530,181	-9,012	1,521,169
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,370,634	958,334	3,328,968	-163,048	3,165,920
66.00	06600	PHYSICAL THERAPY	1,378,895	130,582	1,509,477	36,091	1,545,568
67.00	06700	OCCUPATIONAL THERAPY	1,071,448	141,942	1,213,390	-2,791	1,210,599
68.00	06800	SPEECH PATHOLOGY	397,185	46,071	443,256	-335	442,921
69.00	06900	ELECTROCARDIOLOGY	613,329	279,725	893,054	-1,715	891,339
69.01	06901	CARDIAC REHAB	376,805	419,178	795,983	-733	795,250
70.00	07000	ELECTROENCEPHALOGRAPHY	866,976	4,760,656	5,627,632	-4,523,125	1,104,507
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,196,173	11,196,173
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,785,480	12,785,480
73.00	07300	DRUGS CHARGED TO PATIENTS	428,980	485,676	914,656	16,585,509	17,500,165
74.00	07400	RENAL DIALYSIS	0	1,789,207	1,789,207	-1,098	1,788,109
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,264,100	2,448,569	4,712,669	-173,530	4,539,139
91.00	09100	EMERGENCY	6,566,381	2,746,358	9,312,739	-536,826	8,775,913
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,836,844	341,889	2,178,733	-10,884	2,167,849
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	122,561,578	158,816,174	281,377,752	1,560,402	282,938,154
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,865	187,990	244,855	-624	244,231
191.00	19100	RESEARCH	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet A Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,908,026	17,024,745	32,932,771	-61,487	32,871,284	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,126,833	2,916,911	6,043,744	-1,498,291	4,545,453	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	163,282	48,622	211,904	0	211,904	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	141,816,584	178,994,442	320,811,026	0	320,811,026	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,830,045	6,315,597	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	25,239,169	4.00
5.01	00550	DATA PROCESSING	-146,200	14,491,053	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	0	3,191,078	5.02
5.03	00570	ADMINISTRATIVE	0	2,586,730	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	-16,982	3,765,786	5.04
5.05	00590	OTHER A&G	-468,038	22,454,170	5.05
5.06	00592	PATIENT TRANSPORTATION	0	633,293	5.06
7.00	00700	OPERATION OF PLANT	0	14,720,773	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,444,372	8.00
9.00	00900	HOUSEKEEPING	-1,285	6,037,201	9.00
10.00	01000	DIETARY	-29,882	4,143,812	10.00
11.00	01100	CAFETERIA	-853,443	1,832,389	11.00
13.00	01300	NURSING ADMINISTRATION	-4,605	3,007,843	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,397,877	14.00
15.00	01500	PHARMACY	0	-18,051	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,499	2,979,298	16.00
17.00	01700	SOCIAL SERVICE	0	505,798	17.00
17.01	01701	STAFF EDUCATION	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	92,420	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	210,204	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,588	22.00
23.00	02300	PARAMEDICAL PROGRAM	-391,387	200,161	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-482,253	35,918,080	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,492,154	31.00
31.01	03101	NEONATAL ICU	-546,000	2,452,814	31.01
40.00	04000	SUBPROVIDER - I PF	0	746,192	40.00
41.00	04100	SUBPROVIDER - I RF	0	3,471,003	41.00
43.00	04300	NURSERY	0	849,788	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,886,880	50.00
50.01	05001	ENDOSCOPY	0	3,051,248	50.01
51.00	05100	RECOVERY ROOM	0	1,063,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,129,001	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,928	4,317,126	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	1,704,413	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,439,318	55.00
56.00	05600	RADIOISOTOPE	0	1,416,375	56.00
57.00	05700	CT SCAN	-1,551	1,857,863	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	530,438	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,989,053	59.00
60.00	06000	LABORATORY	-38,723	10,136,246	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-143,838	1,377,331	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,165,920	65.00
66.00	06600	PHYSICAL THERAPY	0	1,545,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,210,599	67.00
68.00	06800	SPEECH PATHOLOGY	0	442,921	68.00
69.00	06900	ELECTROCARDIOLOGY	0	891,339	69.00
69.01	06901	CARDIAC REHAB	-66,139	729,111	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-12,573	1,091,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,196,173	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,785,480	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,500,165	73.00
74.00	07400	RENAL DIALYSIS	0	1,788,109	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-102,493	4,436,646	90.00
91.00	09100	EMERGENCY	0	8,775,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	2,167,849	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,140,864	276,797,290	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	244,231	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	32,871,284	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	4,545,453	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	211,904	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-6,140,864	314,670,162	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	991,039	1,305,044	1.00
	O		991,039	1,305,044	
B - CLINICAL TRAINING COST					
1.00	PARAMED ED PROGRAM	23.00	143,536	0	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
	O		143,536	0	
C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	505,798	0	1.00
	O		505,798	0	
E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	210,204	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	9,588	2.00
	O		0	219,792	
F - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,196,173	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,785,480	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	O		0	23,981,653	
G - LIGHT DUTY					
1.00	HOUSEKEEPING	9.00	10,763	0	1.00
2.00	DIETARY	10.00	354	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	43,350	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	1,536	0	4.00
5.00	SUBPROVIDER - IPF	40.00	28,140	0	5.00
6.00	SUBPROVIDER - IRF	41.00	11,101	0	6.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
7.00	OPERATING ROOM	50.00	16,298	0	7.00
8.00	ENDOSCOPY	50.01	977	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	17,580	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	3,894	0	10.00
11.00	PHYSICAL THERAPY	66.00	60,795	0	11.00
12.00	EMERGENCY	91.00	2,544	0	12.00
	O		197,332	0	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,827,594	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
	O		0	3,827,594	
I - CORPORATE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,318,048	1.00
2.00	OPERATION OF PLANT	7.00	0	4,351,305	2.00
	O		0	9,669,353	
J - DRUG EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,630,833	1.00
2.00		0.00	0	0	2.00
	O		0	16,630,833	
L - PSTD RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	461,496	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	461,496	
500.00	Grand Total: Increases		1,837,705	56,095,765	500.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 5:56 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA						
1.00	DIETARY	10.00	991,039	1,305,044	0	1.00
	O		991,039	1,305,044		
B - CLINICAL TRAINING COST						
1.00	ADULTS & PEDIATRICS	30.00	10,437	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	13,066	0	0	2.00
3.00	OPERATING ROOM	50.00	8,532	0	0	3.00
4.00	ENDOSCOPY	50.01	2,963	0	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	1,698	0	0	5.00
6.00	LABORATORY	60.00	2,618	0	0	6.00
7.00	RESPIRATORY THERAPY	65.00	5,213	0	0	7.00
8.00	EMERGENCY	91.00	99,009	0	0	8.00
	O		143,536	0		
C - SOCIAL WORKERS						
1.00	OTHER A&G	5.05	505,798	0	0	1.00
	O		505,798	0		
E - RESIDENTS						
1.00	EMERGENCY	91.00	0	219,792	0	1.00
2.00		0.00	0	0	0	2.00
	O		0	219,792		
F - MED SUPPLY						
1.00	PURCHASING RECEIVING AND STORES	5.02	0	51,092	0	1.00
2.00	ADMINISTRATIVE	5.03	0	210	0	2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	23	0	3.00
4.00	OTHER A&G	5.05	0	67	0	4.00
5.00	OPERATION OF PLANT	7.00	0	20	0	5.00
6.00	HOUSEKEEPING	9.00	0	8,239	0	6.00
7.00	DIETARY	10.00	0	28	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,525	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	117,038	0	9.00
10.00	PHARMACY	15.00	0	18,051	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	708,819	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	203,183	0	12.00
13.00	NEONATAL ICU	31.01	0	1,456	0	13.00
14.00	SUBPROVIDER - IRF	41.00	0	54,809	0	14.00
15.00	NURSERY	43.00	0	40,232	0	15.00
16.00	OPERATING ROOM	50.00	0	12,574,429	0	16.00
17.00	ENDOSCOPY	50.01	0	403,605	0	17.00
18.00	RECOVERY ROOM	51.00	0	16,994	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,049	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,123	0	20.00
21.00	RADIOLOGY - ULTRASOUND	54.01	0	21,700	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	15,039	0	22.00
23.00	RADIOISOTOPE	56.00	0	217	0	23.00
24.00	CT SCAN	57.00	0	13,417	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	679	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	5,434,069	0	26.00
27.00	LABORATORY	60.00	0	1,550	0	27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	635	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	143,892	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	1,657	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	185	0	31.00
32.00	SPEECH PATHOLOGY	68.00	0	335	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	1,715	0	33.00
34.00	CARDIAC REHAB	69.01	0	733	0	34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,692,585	0	35.00
36.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,324	0	36.00
37.00	RENAL DIALYSIS	74.00	0	1,098	0	37.00
38.00	CLINIC	90.00	0	163,117	0	38.00
39.00	EMERGENCY	91.00	0	175,947	0	39.00
40.00	HOME HEALTH AGENCY	101.00	0	7,037	0	40.00
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	48,730	0	41.00
	O		0	23,981,653		
G - LIGHT DUTY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	197,332	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 5:56 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
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	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
0		197,332	0				
H - INTEREST EXPENSE							
1.00	OTHER A&G	5.05	0	2,044,364	11	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,602	0	2.00	
3.00	RADIOLOGY - ULTRASOUND	54.01	0	57,301	0	3.00	
4.00	CT SCAN	57.00	0	57,301	0	4.00	
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	57,301	0	5.00	
6.00	OTHER NON-REIMBURSABLE	192.01	0	1,496,725	0	6.00	
0			0	3,827,594			
I - CORPORATE EXPENSE							
1.00	OTHER A&G	5.05	0	9,669,353	9	1.00	
2.00		0.00	0	0	0	2.00	
0			0	9,669,353			
J - DRUG EXPENSE							
1.00	PHARMACY	15.00	0	15,802,755	0	1.00	
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	828,078	0	2.00	
0			0	16,630,833			
L - PSTD RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	5,870	0	0	1.00	
2.00	DATA PROCESSING	5.01	469	0	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.02	2,563	0	0	3.00	
4.00	ADMINISTRATIVE	5.03	1,769	0	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	12,450	0	0	5.00	
6.00	OTHER A&G	5.05	7,020	0	0	6.00	
7.00	PATIENT TRANSPORTATION	5.06	1,812	0	0	7.00	
8.00	OPERATION OF PLANT	7.00	6,571	0	0	8.00	
9.00	HOUSEKEEPING	9.00	14,665	0	0	9.00	
10.00	DIETARY	10.00	34,150	0	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	2,838	0	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	4,696	0	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	948	0	0	13.00	
14.00	PARAMEDICAL PROGRAM	23.00	7,105	0	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	125,205	0	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	39,024	0	0	16.00	
17.00	NEONATAL ICU	31.01	4,587	0	0	17.00	
18.00	SUBPROVIDER - IRF	41.00	9,026	0	0	18.00	
19.00	NURSERY	43.00	4,374	0	0	19.00	
20.00	OPERATING ROOM	50.00	13,139	0	0	20.00	
21.00	ENDOSCOPY	50.01	3,332	0	0	21.00	
22.00	RECOVERY ROOM	51.00	254	0	0	22.00	
23.00	DELIVERY ROOM & LABOR ROOM	52.00	18,493	0	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	2,364	0	0	24.00	
25.00	RADIOLOGY-THERAPEUTIC	55.00	7,387	0	0	25.00	
26.00	LABORATORY	60.00	7,121	0	0	26.00	
27.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	8,377	0	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	13,943	0	0	28.00	
29.00	PHYSICAL THERAPY	66.00	23,047	0	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	2,606	0	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	2,462	0	0	31.00	
32.00	CLINIC	90.00	10,413	0	0	32.00	
33.00	EMERGENCY	91.00	44,622	0	0	33.00	
34.00	HOME HEALTH AGENCY	101.00	3,847	0	0	34.00	
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	624	0	0	35.00	
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	12,757	0	0	36.00	
37.00	OTHER NON-REIMBURSABLE	192.01	1,566	0	0	37.00	
	TOTALS		461,496	0	0		
500.00	Grand Total: Decreases		2,299,201	55,634,269		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,745,499	0	0	0	0	1.00
2.00	Land Improvements	6,297,211	72,941	0	72,941	0	2.00
3.00	Buildings and Fixtures	248,982,397	4,432,612	0	4,432,612	152,690	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	239,765,702	13,452,090	0	13,452,090	76,885,138	6.00
7.00	HIT designated Assets	3,535,559	321,551	0	321,551	0	7.00
8.00	Subtotal (sum of lines 1-7)	502,326,368	18,279,194	0	18,279,194	77,037,828	8.00
9.00	Reconciling Items	-20,950	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	502,347,318	18,279,194	0	18,279,194	77,037,828	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,745,499	0				1.00
2.00	Land Improvements	6,370,152	0				2.00
3.00	Buildings and Fixtures	253,262,319	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	176,332,654	0				6.00
7.00	HIT designated Assets	3,857,110	0				7.00
8.00	Subtotal (sum of lines 1-7)	443,567,734	0				8.00
9.00	Reconciling Items	-20,950	0				9.00
10.00	Total (line 8 minus line 9)	443,588,684	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
		1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00	
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,532,367	0	1.00	
3.00	Total (sum of lines 1-2)	0	0	0	4,532,367	0	3.00	
Cost Center Description		SUMMARY OF CAPITAL						
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	1,783,230	0	0	0	6,315,597	1.00	
3.00	Total (sum of lines 1-2)	1,783,230	0	0	0	6,315,597	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150002

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,044,364	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00		3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		7.00
8.00 Television and radio service (chapter 21)		0			0.00		8.00
9.00 Parking lot (chapter 21)		0			0.00		9.00
10.00 Provider-based physician adjustment	A-8-2	-951,770					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0					12.00
13.00 Laundry and linen service		0			0.00		13.00
14.00 Cafeteria-employees and guests	B	-853,443	CAFETERIA		11.00		14.00
15.00 Rental of quarters to employee and others		0			0.00		15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00 Sale of drugs to other than patients		0			0.00		17.00
18.00 Sale of medical records and abstracts	B	-2,499	MEDICAL RECORDS & LIBRARY		16.00		18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00		19.00
20.00 Vending machines	B	-29,882	DIETARY		10.00		20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-785,681	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00		27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00		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		32.00
33.00 DATA PROCESSING OTHER INCOME	B	-146,200	DATA PROCESSING		5.01		33.00

Provider CCN: 150002

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 5:56 pm

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		
34.00 CASH, A/R, COLLECTIONS OTHER INCOME	B	-16,982	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	34.00
35.00 A&G OTHER INCOME	B	-383,195	OTHER A&G	5.05	0	35.00
36.00 ENVIRONMENTAL SERVICES OTHER INCOME	B	-1,285	HOUSEKEEPING	9.00	0	36.00
37.00 NURSING ADMIN OTHER INCOME	B	-4,605	NURSING ADMINISTRATION	13.00	0	37.00
38.00 PARAMED ED PROGRAM OTHER INCOME	B	-391,387	PARAMED ED PROGRAM	23.00	0	38.00
39.00 ADULTS & PEDIATRICS OTHER INCOME	B	-189,057	ADULTS & PEDIATRICS	30.00	0	39.00
40.00 LAB OTHER INCOME	B	-38,723	LABORATORY	60.00	0	40.00
41.00 BLOOD OTHER INCOME	B	-143,838	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	41.00
42.00 CARDIAC REHAB OTHER INCOME	B	-66,139	CARDIAC REHAB	69.01	0	42.00
43.00 ELECTROENCEPHALOGRAPHY OTHER INCOME	B	-5,778	ELECTROENCEPHALOGRAPHY	70.00	0	43.00
44.00 CLINIC OTHER INCOME	B	-1,193	CLINIC	90.00	0	44.00
45.00 LOBBYING EXPENSE	A	-66,442	OTHER A&G	5.05	0	45.00
46.00 IHA EXPENSE	A	-18,401	OTHER A&G	5.05	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,140,864				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: 150002

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	293,196	293,196	0	179,000	0	1.00
2.00	31.01	NEONATAL ICU	546,000	546,000	0	169,700	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	2,928	2,928	0	271,900	0	3.00
4.00	57.00	CT SCAN	1,551	1,551	0	271,900	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	6,795	6,795	0	179,000	0	5.00
6.00	90.00	CLINIC	101,300	101,300	0	179,000	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			951,770	951,770	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.01	NEONATAL ICU	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	5.00
6.00	90.00	CLINIC	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			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	293,196	1.00
2.00	31.01	NEONATAL ICU	0	0	0	546,000	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	2,928	3.00
4.00	57.00	CT SCAN	0	0	0	1,551	4.00
5.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	6,795	5.00
6.00	90.00	CLINIC	0	0	0	101,300	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			0	0	0	951,770	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		RELATED COSTS BLDG & FIXT					
	0	1.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,315,597	6,315,597				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,239,169	26,451	25,265,620			4.00
5.01 00550	DATA PROCESSING	14,491,053	41,159	747,929	15,280,141		5.01
5.02 00560	PURCHASING RECEIVING AND STORES	3,191,078	32,838	168,058	0	3,391,974	5.02
5.03 00570	ADMITTING	2,586,730	43,520	370,807	0	3,958	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,765,786	137,255	366,861	0	1,924	5.04
5.05 00590	OTHER A&G	22,454,170	445,987	1,899,030	15,280,141	6,675	5.05
5.06 00592	PATIENT TRANSPORTATION	633,293	0	102,573	0	190	5.06
7.00 00700	OPERATION OF PLANT	14,720,773	1,340,612	624,798	0	29,102	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,444,372	79,833	0	0	191	8.00
9.00 00900	HOUSEKEEPING	6,037,201	92,418	836,665	0	41,727	9.00
10.00 01000	DIETARY	4,143,812	84,415	371,724	0	35,586	10.00
11.00 01100	CAFETERIA	1,832,389	59,016	241,180	0	45	11.00
13.00 01300	NURSING ADMINISTRATION	3,007,843	28,440	457,792	0	1,250	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,397,877	160,531	97,654	0	56,975	14.00
15.00 01500	PHARMACY	-18,051	84,903	0	0	8,989	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,979,298	50,641	361,514	0	938	16.00
17.00 01700	SOCIAL SERVICE	505,798	7,296	91,283	0	0	17.00
17.01 01701	STAFF EDUCATION	0	49,924	0	0	0	17.01
17.02 01702	MEDICAL EDUCATION	92,420	1,675	12,776	0	32	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	210,204	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,588	20,006	0	0	0	22.00
23.00 02300	PARAMED ED PROGRAM	200,161	15,066	92,069	0	485	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	35,918,080	1,402,815	5,472,123	0	174,006	30.00
31.00 03100	INTENSIVE CARE UNIT	7,492,154	88,965	1,121,842	0	53,502	31.00
31.01 03101	NEONATAL ICU	2,452,814	10,113	408,801	0	363	31.01
40.00 04000	SUBPROVIDER - I PF	746,192	17,789	122,360	0	47	40.00
41.00 04100	SUBPROVIDER - I RF	3,471,003	139,929	549,500	0	8,464	41.00
43.00 04300	NURSERY	849,788	109,388	111,486	0	11,222	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,886,880	267,142	755,873	0	73,593	50.00
50.01 05001	ENDOSCOPY	3,051,248	0	219,237	0	60,356	50.01
51.00 05100	RECOVERY ROOM	1,063,679	65,148	171,222	0	3,246	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,129,001	31,365	469,612	0	9,694	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,317,126	237,637	414,270	0	14,201	54.00
54.01 05401	RADIOLOGY - ULTRASOUND	1,704,413	22,635	234,874	0	13,872	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,439,318	60,396	93,675	0	2,396	55.00
56.00 05600	RADIOISOTOPE	1,416,375	40,501	89,507	0	61,893	56.00
57.00 05700	CT SCAN	1,857,863	38,351	185,319	0	27,179	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	530,438	18,833	73,195	0	7,093	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,989,053	37,590	360,820	0	35,535	59.00
60.00 06000	LABORATORY	10,136,246	105,331	634,071	0	241,290	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,377,331	1,724	208,927	0	22,571	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,165,920	34,782	424,378	0	39,894	65.00
66.00 06600	PHYSICAL THERAPY	1,545,568	54,954	255,666	0	992	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,210,599	47,228	192,897	0	1,322	67.00
68.00 06800	SPEECH PATHOLOGY	442,921	8,044	71,681	0	602	68.00
69.00 06900	ELECTROCARDIOLOGY	891,339	0	110,689	0	1,465	69.00
69.01 06901	CARDIAC REHAB	729,111	0	68,003	0	622	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,091,934	0	156,021	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,196,173	0	0	0	982,308	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,785,480	0	0	0	1,121,764	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	17,500,165	7,444	77,419	0	44,617	73.00
74.00 07400	RENAL DIALYSIS	1,788,109	19,630	0	0	1,129	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	4,436,646	341,194	406,730	0	6,211	90.00
91.00 09100	EMERGENCY	8,775,913	121,208	1,159,592	0	129,945	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	2,167,849	0	330,806	0	7,715	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	276,797,290	6,132,122	21,793,309	15,280,141	3,347,176	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		BLDG & FIXT						
	0	1.00		4.00	5.01	5.02		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	244,231	8,066	10,150	0	15,294	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,871,284	119,631	2,868,667	0	29,445	192.00
192.01	19201	OTHER NON-REIMBURSABLE	4,545,453	15,483	564,026	0	59	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	211,904	40,295	29,468	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	314,670,162	6,315,597	25,265,620	15,280,141	3,391,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	
		5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE	3,005,015				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	66,831	4,338,657			5.04
5.05	00590	OTHER A&G	217,155	320,660	40,623,818	40,623,818	5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	736,056	109,111	5.06
7.00	00700	OPERATION OF PLANT	652,755	963,887	18,331,927	2,717,470	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,871	57,399	1,620,666	240,243	8.00
9.00	00900	HOUSEKEEPING	44,999	66,448	7,119,458	1,055,367	9.00
10.00	01000	DIETARY	41,102	60,694	4,737,333	702,248	10.00
11.00	01100	CAFETERIA	28,735	42,432	2,203,797	326,684	11.00
13.00	01300	NURSING ADMINISTRATION	13,848	20,448	3,529,621	523,220	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	78,164	115,420	2,906,621	430,869	14.00
15.00	01500	PHARMACY	41,340	61,045	178,226	26,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,657	36,410	3,453,458	511,930	16.00
17.00	01700	SOCIAL SERVICE	3,552	5,246	613,175	90,895	17.00
17.01	01701	STAFF EDUCATION	24,309	35,895	110,128	16,325	17.01
17.02	01702	MEDICAL EDUCATION	816	1,204	108,923	16,146	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	210,204	31,160	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,741	14,384	53,719	7,963	22.00
23.00	02300	PARAMED ED PROGRAM	7,336	10,833	325,950	48,318	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	683,040	1,008,610	44,658,674	6,620,080	30.00
31.00	03100	INTENSIVE CARE UNIT	43,318	63,965	8,863,746	1,313,935	31.00
31.01	03101	NEONATAL ICU	4,924	7,271	2,884,286	427,558	31.01
40.00	04000	SUBPROVIDER - I PF	8,662	12,790	907,840	134,575	40.00
41.00	04100	SUBPROVIDER - I RF	68,132	100,607	4,337,635	642,998	41.00
43.00	04300	NURSERY	53,262	78,649	1,213,795	179,929	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	130,074	192,073	9,305,635	1,379,439	50.00
50.01	05001	ENDOSCOPY	0	0	3,330,841	493,754	50.01
51.00	05100	RECOVERY ROOM	31,721	46,840	1,381,856	204,842	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,272	22,551	3,677,495	545,141	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,707	170,858	5,269,799	781,179	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	11,021	16,275	2,003,090	296,932	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	29,407	43,424	1,668,616	247,351	55.00
56.00	05600	RADIOISOTOPE	19,720	29,120	1,657,116	245,646	56.00
57.00	05700	CT SCAN	18,674	27,574	2,154,960	319,445	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,170	13,541	652,270	96,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,303	27,027	4,468,328	662,372	59.00
60.00	06000	LABORATORY	51,286	75,732	11,243,956	1,666,770	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	840	1,240	1,612,633	239,052	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	16,936	25,008	3,706,918	549,502	65.00
66.00	06600	PHYSICAL THERAPY	26,758	39,511	1,923,449	285,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,996	33,957	1,508,999	223,689	67.00
68.00	06800	SPEECH PATHOLOGY	3,917	5,783	532,948	79,003	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,003,493	148,755	69.00
69.01	06901	CARDIAC REHAB	0	0	797,736	118,254	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,247,955	184,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,178,481	1,805,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,907,244	2,061,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,624	5,352	17,638,621	2,614,696	73.00
74.00	07400	RENAL DIALYSIS	9,558	14,114	1,832,540	271,650	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	166,130	245,315	5,602,226	830,457	90.00
91.00	09100	EMERGENCY	59,017	87,147	10,332,822	1,531,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	2,506,370	371,537	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,915,680	4,206,739	272,875,453	34,428,296	845,167
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,927	5,800	287,468	42,613	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	58,249	86,014	36,033,290	5,341,467	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION
			5.03	5.04	5A.04	5.05	5.06
192.01	19201	OTHER NON-REIMBURSABLE	7,539	11,132	5,143,692	762,485	0
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	19,620	28,972	330,259	48,957	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
200.00		Cross Foot Adjustments			0		0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	3,005,015	4,338,657	314,670,162	40,623,818	845,167

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00550	DATA PROCESSING					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER A&G					5.05	
5.06	00592	PATIENT TRANSPORTATION					5.06	
7.00	00700	OPERATION OF PLANT	21,049,397				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	395,605	2,256,514			8.00	
9.00	00900	HOUSEKEEPING	457,970	0	8,632,795		9.00	
10.00	01000	DIETARY	418,310	0	178,808	6,036,699	10.00	
11.00	01100	CAFETERIA	292,448	0	125,008	0	2,947,937	11.00
13.00	01300	NURSING ADMINISTRATION	140,931	0	60,242	0	64,575	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	795,494	24,924	340,037	0	34,917	14.00
15.00	01500	PHARMACY	420,729	13	179,842	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	250,946	0	107,268	0	92,528	16.00
17.00	01700	SOCIAL SERVICE	36,154	0	15,454	0	18,723	17.00
17.01	01701	STAFF EDUCATION	247,395	0	105,750	0	0	17.01
17.02	01702	MEDICAL EDUCATION	8,300	0	3,548	0	2,270	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	99,140	0	42,378	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	74,660	0	31,914	0	20,952	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,951,490	1,069,707	2,971,448	4,117,030	1,083,591	30.00
31.00	03100	INTENSIVE CARE UNIT	440,859	56,628	188,447	828,321	174,827	31.00
31.01	03101	NEONATAL ICU	50,114	49,987	21,421	0	58,009	31.01
40.00	04000	SUBPROVIDER - I/PF	88,154	0	37,682	0	21,553	40.00
41.00	04100	SUBPROVIDER - I/RF	693,402	0	296,398	558,832	109,104	41.00
43.00	04300	NURSERY	542,062	46,467	231,707	0	16,822	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,323,796	225,253	565,863	0	137,702	50.00
50.01	05001	ENDOSCOPY	0	29,934	0	109	39,004	50.01
51.00	05100	RECOVERY ROOM	322,832	58,964	137,996	246,730	26,363	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	155,423	50,375	66,436	0	80,879	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,177,583	74,899	503,363	0	85,170	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	112,168	12,709	47,947	0	32,506	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	299,284	3,395	127,930	0	13,999	55.00
56.00	05600	RADIOISOTOPE	200,699	27,480	85,790	0	12,688	56.00
57.00	05700	CT SCAN	190,046	17,262	81,236	0	32,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,325	6,901	39,892	0	11,637	58.00
59.00	05900	CARDIAC CATHETERIZATION	186,273	49,308	79,623	56,797	54,667	59.00
60.00	06000	LABORATORY	521,955	0	223,112	0	126,104	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,545	0	3,652	0	67,656	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	172,357	3,317	73,675	0	81,597	65.00
66.00	06600	PHYSICAL THERAPY	272,318	27,208	116,404	0	42,883	66.00
67.00	06700	OCCUPATIONAL THERAPY	234,034	0	100,039	0	29,933	67.00
68.00	06800	SPEECH PATHOLOGY	39,860	0	17,038	12,071	10,111	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,933	0	0	24,218	69.00
69.01	06901	CARDIAC REHAB	0	4,369	0	0	12,434	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	295	25,813	70.00
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	36,886	0	15,767	0	11,226	73.00
74.00	07400	RENAL DIALYSIS	97,276	103,790	41,581	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,690,749	47,215	722,718	0	70,450	90.00
91.00	09100	EMERGENCY	600,632	240,688	256,743	216,514	216,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,140,204	2,243,726	8,244,157	6,036,699	2,943,470	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,971	0	17,086	0	4,467	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	592,820	12,788	253,403	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	76,724	0	32,796	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	199,678	0	85,353	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,049,397	2,256,514	8,632,795	6,036,699	2,947,937	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
5.06	00592						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	4,318,589					13.00
14.00	01400	0	4,532,862				14.00
15.00	01500	0	0	805,230			15.00
16.00	01600	0	0	0	4,416,146		16.00
17.00	01700	40,346	0	0	0	814,747	17.00
17.01	01701	0	0	0	0	0	17.01
17.02	01702	0	0	0	0	0	17.02
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	45,149	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,335,039	0	0	383,462	630,641	30.00
31.00	03100	376,736	0	0	62,849	0	31.00
31.01	03101	125,004	0	0	22,539	0	31.01
40.00	04000	46,444	0	0	8,164	0	40.00
41.00	04100	235,108	0	0	32,035	144,437	41.00
43.00	04300	36,251	0	0	7,365	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	296,735	0	0	552,130	0	50.00
50.01	05001	84,049	0	0	76,037	0	50.01
51.00	05100	56,809	0	0	39,684	0	51.00
52.00	05200	174,285	0	0	21,495	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	135,912	0	54.00
54.01	05401	0	0	0	59,481	0	54.01
55.00	05500	0	0	0	64,334	0	55.00
56.00	05600	0	0	0	48,132	0	56.00
57.00	05700	0	0	0	388,594	0	57.00
58.00	05800	0	0	0	102,388	0	58.00
59.00	05900	0	0	0	269,251	0	59.00
60.00	06000	0	0	108,674	505,643	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	30,667	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	153,978	0	65.00
66.00	06600	0	0	0	29,187	0	66.00
67.00	06700	0	0	0	21,858	0	67.00
68.00	06800	0	0	0	7,684	0	68.00
69.00	06900	0	0	0	72,224	0	69.00
69.01	06901	0	0	0	2,455	0	69.01
70.00	07000	0	0	49,257	117,462	0	70.00
71.00	07100	0	2,116,234	0	183,417	0	71.00
72.00	07200	0	2,416,628	0	125,056	0	72.00
73.00	07300	0	0	626,782	505,289	0	73.00
74.00	07400	0	0	0	28,450	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	84,328	0	90.00
91.00	09100	466,634	0	0	260,881	39,669	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	1,465	13,715	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		4,318,589	4,532,862	786,178	4,416,146	814,747	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	19,052	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,318,589	4,532,862	805,230	4,416,146	814,747	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED PROGRAM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			17.01	17.02			21.00
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00550 DATA PROCESSING						5.01	
5.02 00560 PURCHASING RECEIVING AND STORES						5.02	
5.03 00570 ADMITTING						5.03	
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04	
5.05 00590 OTHER A&G						5.05	
5.06 00592 PATIENT TRANSPORTATION						5.06	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
17.01 01701 STAFF EDUCATION	479,598					17.01	
17.02 01702 MEDICAL EDUCATION	0	139,187				17.02	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	241,364			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	203,200		22.00	
23.00 02300 PARAMED PROGRAM	226	0	0	0	547,169	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	231,434	0	0	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	34,899	0	0	0	0	31.00	
31.01 03101 NEONATAL ICU	16,191	0	0	0	0	31.01	
40.00 04000 SUBPROVIDER - I PF	4,109	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	33,711	0	0	0	0	41.00	
43.00 04300 NURSERY	2,187	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	25,057	0	0	0	0	50.00	
50.01 05001 ENDOSCOPY	3,195	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	4,697	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,735	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,375	0	0	0	0	54.00	
54.01 05401 RADIOLOGY - ULTRASOUND	2,361	0	0	0	0	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,414	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	81	0	0	0	0	56.00	
57.00 05700 CT SCAN	1,736	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	12,315	0	0	0	0	59.00	
60.00 06000 LABORATORY	2,546	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	97	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	2,691	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	141	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	290	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	205	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	2,828	0	0	0	0	69.00	
69.01 06901 CARDIAC REHAB	157	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	2,228	0	0	0	0	70.00	
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	1,527	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	1,446	0	0	0	0	90.00	
91.00 09100 EMERGENCY	64,182	139,187	241,364	203,200	547,169	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	4,016	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	476,081	139,187	241,364	203,200	547,169	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

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Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED ED PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.01	17.02		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,517	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	479,598	139,187	241,364	203,200	547,169	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
5.06	00592				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
17.02	01702				17.02
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	71,416,430	0	71,416,430	30.00
31.00	03100	12,347,770	0	12,347,770	31.00
31.01	03101	3,655,109	0	3,655,109	31.01
40.00	04000	1,249,094	0	1,249,094	40.00
41.00	04100	7,093,334	0	7,093,334	41.00
43.00	04300	2,276,585	0	2,276,585	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	13,811,610	0	13,811,610	50.00
50.01	05001	4,080,789	0	4,080,789	50.01
51.00	05100	2,480,853	0	2,480,853	51.00
52.00	05200	4,793,151	0	4,793,151	52.00
53.00	05300	0	0	0	53.00
54.00	05400	8,125,915	0	8,125,915	54.00
54.01	05401	2,656,676	0	2,656,676	54.01
55.00	05500	2,433,308	0	2,433,308	55.00
56.00	05600	2,322,516	0	2,322,516	56.00
57.00	05700	3,304,067	0	3,304,067	57.00
58.00	05800	1,045,144	0	1,045,144	58.00
59.00	05900	5,863,994	0	5,863,994	59.00
60.00	06000	14,398,776	0	14,398,776	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	1,962,302	0	1,962,302	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	4,745,737	0	4,745,737	65.00
66.00	06600	2,696,716	0	2,696,716	66.00
67.00	06700	2,118,842	0	2,118,842	67.00
68.00	06800	698,920	0	698,920	68.00
69.00	06900	1,268,206	0	1,268,206	69.00
69.01	06901	935,405	0	935,405	69.01
70.00	07000	1,635,020	0	1,635,020	70.00
71.00	07100	16,283,433	0	16,283,433	71.00
72.00	07200	18,510,496	0	18,510,496	72.00
73.00	07300	21,450,794	0	21,450,794	73.00
74.00	07400	2,375,303	0	2,375,303	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	9,049,732	0	9,049,732	90.00
91.00	09100	15,359,146	-444,564	14,914,582	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	2,897,103	0	2,897,103	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		265,342,276	-444,564	264,897,712	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	391,605	0	391,605	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

Period:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,256,337	0	42,256,337	192.00
192.01	19201	OTHER NON-REIMBURSABLE	6,015,697	0	6,015,697	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	664,247	0	664,247	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	314,670,162	-444,564	314,225,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	
		BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,451	26,451	26,451		4.00
5.01 00550	DATA PROCESSING	0	41,159	41,159	783	41,942	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	0	32,838	32,838	176	0	5.02
5.03 00570	ADMINISTRATIVE	0	43,520	43,520	388	0	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	137,255	137,255	384	0	5.04
5.05 00590	OTHER A&G	0	445,987	445,987	1,989	41,942	5.05
5.06 00592	PATIENT TRANSPORTATION	0	0	0	107	0	5.06
7.00 00700	OPERATION OF PLANT	0	1,340,612	1,340,612	654	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	79,833	79,833	0	0	8.00
9.00 00900	HOUSEKEEPING	0	92,418	92,418	876	0	9.00
10.00 01000	DIETARY	0	84,415	84,415	389	0	10.00
11.00 01100	CAFETERIA	0	59,016	59,016	253	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	28,440	28,440	479	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	160,531	160,531	102	0	14.00
15.00 01500	PHARMACY	0	84,903	84,903	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	50,641	50,641	379	0	16.00
17.00 01700	SOCIAL SERVICE	0	7,296	7,296	96	0	17.00
17.01 01701	STAFF EDUCATION	0	49,924	49,924	0	0	17.01
17.02 01702	MEDICAL EDUCATION	0	1,675	1,675	13	0	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	20,006	20,006	0	0	22.00
23.00 02300	PARAMED PROGRAM	0	15,066	15,066	96	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,402,815	1,402,815	5,724	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	88,965	88,965	1,175	0	31.00
31.01 03101	NEONATAL ICU	0	10,113	10,113	428	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	17,789	17,789	128	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	139,929	139,929	575	0	41.00
43.00 04300	NURSERY	0	109,388	109,388	117	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	267,142	267,142	792	0	50.00
50.01 05001	ENDOSCOPY	0	0	0	230	0	50.01
51.00 05100	RECOVERY ROOM	0	65,148	65,148	179	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	31,365	31,365	492	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	237,637	237,637	434	0	54.00
54.01 05401	RADIOLOGY - ULTRASOUND	0	22,635	22,635	246	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	60,396	60,396	98	0	55.00
56.00 05600	RADIOISOTOPE	0	40,501	40,501	94	0	56.00
57.00 05700	CT SCAN	0	38,351	38,351	194	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,833	18,833	77	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,590	37,590	378	0	59.00
60.00 06000	LABORATORY	0	105,331	105,331	664	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,724	1,724	219	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	34,782	34,782	444	0	65.00
66.00 06600	PHYSICAL THERAPY	0	54,954	54,954	268	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	47,228	47,228	202	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,044	8,044	75	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	116	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	71	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	163	0	70.00
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	7,444	7,444	81	0	73.00
74.00 07400	RENAL DIALYSIS	0	19,630	19,630	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	341,194	341,194	426	0	90.00
91.00 09100	EMERGENCY	0	121,208	121,208	1,214	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	0	346	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,132,122	6,132,122	22,814	41,942	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING		
			BLDG & FIXT					
	0		1.00	2A	4.00	5.01		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,066	8,066	11	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	119,631	119,631	3,004	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	15,483	15,483	591	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	40,295	40,295	31	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments		0	0			200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	6,315,597	6,315,597	26,451	41,942	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	33,014					5.02
5.03	00570	ADMINISTRATIVE	39	43,947				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	19	977	138,635			5.04
5.05	00590	OTHER A&G	65	3,176	10,246	503,405		5.05
5.06	00592	PATIENT TRANSPORTATION	2	0	0	1,352	1,461	5.06
7.00	00700	OPERATION OF PLANT	283	9,546	30,799	33,676	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2	568	1,834	2,977	0	8.00
9.00	00900	HOUSEKEEPING	406	658	2,123	13,078	0	9.00
10.00	01000	DIETARY	346	601	1,939	8,702	0	10.00
11.00	01100	CAFETERIA	0	420	1,356	4,048	0	11.00
13.00	01300	NURSING ADMINISTRATION	12	203	653	6,484	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	555	1,143	3,688	5,339	0	14.00
15.00	01500	PHARMACY	87	605	1,951	327	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9	361	1,163	6,344	0	16.00
17.00	01700	SOCIAL SERVICE	0	52	168	1,126	0	17.00
17.01	01701	STAFF EDUCATION	0	356	1,147	202	0	17.01
17.02	01702	MEDICAL EDUCATION	0	12	38	200	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	386	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	142	460	99	0	22.00
23.00	02300	PARAMED ED PROGRAM	5	107	346	599	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,694	9,991	32,227	82,025	630	30.00
31.00	03100	INTENSIVE CARE UNIT	521	634	2,044	16,283	11	31.00
31.01	03101	NEONATAL ICU	4	72	232	5,298	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	127	409	1,668	1	40.00
41.00	04100	SUBPROVIDER - I/RF	82	996	3,215	7,968	17	41.00
43.00	04300	NURSERY	109	779	2,513	2,230	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	716	1,902	6,137	17,094	0	50.00
50.01	05001	ENDOSCOPY	587	0	0	6,119	41	50.01
51.00	05100	RECOVERY ROOM	32	464	1,497	2,538	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94	223	721	6,756	10	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	138	1,692	5,460	9,681	162	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	135	161	520	3,680	155	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	23	430	1,388	3,065	12	55.00
56.00	05600	RADIOISOTOPE	602	288	930	3,044	78	56.00
57.00	05700	CT SCAN	265	273	881	3,959	205	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	69	134	433	1,198	73	58.00
59.00	05900	CARDIAC CATHETERIZATION	346	268	864	8,208	43	59.00
60.00	06000	LABORATORY	2,349	750	2,420	20,655	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	220	12	40	2,962	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	388	248	799	6,810	3	65.00
66.00	06600	PHYSICAL THERAPY	10	391	1,263	3,533	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13	336	1,085	2,772	0	67.00
68.00	06800	SPEECH PATHOLOGY	6	57	185	979	0	68.00
69.00	06900	ELECTROCARDIOLOGY	14	0	0	1,843	6	69.00
69.01	06901	CARDIAC REHAB	6	0	0	1,465	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,292	12	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,562	0	0	22,372	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,917	0	0	25,548	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	434	53	171	32,402	0	73.00
74.00	07400	RENAL DIALYSIS	11	140	451	3,366	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	60	2,430	7,839	10,291	0	90.00
91.00	09100	EMERGENCY	1,265	863	2,785	18,981	2	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	75	0	0	4,604	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,577	42,641	134,420	426,628	1,461	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	149	57	185	528	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	287	852	2,748	66,193	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER A&G	PATIENT TRANSPORTATION	
			5.02	5.03	5.04	5.05	5.06	
192.01	19201	OTHER NON-REIMBURSABLE	1	110	356	9,449	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	287	926	607	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,014	43,947	138,635	503,405	1,461	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 5:56 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00550	DATA PROCESSING					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMINISTRATIVE					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER A&G					5.05	
5.06	00592	PATIENT TRANSPORTATION					5.06	
7.00	00700	OPERATION OF PLANT	1,415,570				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	26,604	111,818			8.00	
9.00	00900	HOUSEKEEPING	30,798	0	140,357		9.00	
10.00	01000	DIETARY	28,131	0	2,907	127,430	10.00	
11.00	01100	CAFETERIA	19,667	0	2,032	0	86,792	11.00
13.00	01300	NURSING ADMINISTRATION	9,478	0	979	0	1,901	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,497	1,235	5,529	0	1,028	14.00
15.00	01500	PHARMACY	28,294	1	2,924	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,876	0	1,744	0	2,724	16.00
17.00	01700	SOCIAL SERVICE	2,431	0	251	0	551	17.00
17.01	01701	STAFF EDUCATION	16,637	0	1,719	0	0	17.01
17.02	01702	MEDICAL EDUCATION	558	0	58	0	67	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,667	0	689	0	0	22.00
23.00	02300	PARAMEDICAL PROGRAM	5,021	0	519	0	617	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	467,489	53,007	48,312	86,908	31,902	30.00
31.00	03100	INTENSIVE CARE UNIT	29,648	2,806	3,064	17,485	5,147	31.00
31.01	03101	NEONATAL ICU	3,370	2,477	348	0	1,708	31.01
40.00	04000	SUBPROVIDER - I/PF	5,928	0	613	0	635	40.00
41.00	04100	SUBPROVIDER - I/RF	46,631	0	4,819	11,797	3,212	41.00
43.00	04300	NURSERY	36,454	2,303	3,767	0	495	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	89,025	11,162	9,200	0	4,054	50.00
50.01	05001	ENDOSCOPY	0	1,483	0	2	1,148	50.01
51.00	05100	RECOVERY ROOM	21,710	2,922	2,244	5,208	776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,452	2,496	1,080	0	2,381	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,192	3,712	8,184	0	2,508	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	7,543	630	780	0	957	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	20,127	168	2,080	0	412	55.00
56.00	05600	RADIOISOTOPE	13,497	1,362	1,395	0	374	56.00
57.00	05700	CT SCAN	12,781	855	1,321	0	943	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,276	342	649	0	343	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,527	2,443	1,295	1,199	1,609	59.00
60.00	06000	LABORATORY	35,101	0	3,627	0	3,713	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	575	0	59	0	1,992	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,591	164	1,198	0	2,402	65.00
66.00	06600	PHYSICAL THERAPY	18,313	1,348	1,893	0	1,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,739	0	1,626	0	881	67.00
68.00	06800	SPEECH PATHOLOGY	2,681	0	277	255	298	68.00
69.00	06900	ELECTROCARDIOLOGY	0	641	0	0	713	69.00
69.01	06901	CARDIAC REHAB	0	217	0	0	366	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6	760	70.00
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	2,481	0	256	0	331	73.00
74.00	07400	RENAL DIALYSIS	6,542	5,143	676	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	113,703	2,340	11,750	0	2,074	90.00
91.00	09100	EMERGENCY	40,392	11,927	4,174	4,570	6,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,354,427	111,184	134,038	127,430	86,660	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,688	0	278	0	132	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,867	634	4,120	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	5,160	0	533	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	13,428	0	1,388	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,415,570	111,818	140,357	127,430	86,792	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMITTING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER A&G						5.05
5.06	00592	PATIENT TRANSPORTATION						5.06
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	48,629					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	232,647				14.00
15.00	01500	PHARMACY	0	0	116,481			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	80,241		16.00
17.00	01700	SOCIAL SERVICE	454	0	0	0	12,425	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	0	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	508	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,295	0	0	6,991	9,617	30.00
31.00	03100	INTENSIVE CARE UNIT	4,242	0	0	1,146	0	31.00
31.01	03101	NEONATAL ICU	1,408	0	0	411	0	31.01
40.00	04000	SUBPROVIDER - I PF	523	0	0	149	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,647	0	0	584	2,203	41.00
43.00	04300	NURSERY	408	0	0	134	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,341	0	0	9,798	0	50.00
50.01	05001	ENDOSCOPY	946	0	0	1,386	0	50.01
51.00	05100	RECOVERY ROOM	640	0	0	723	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,963	0	0	392	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,478	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	1,084	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1,173	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	877	0	56.00
57.00	05700	CT SCAN	0	0	0	7,084	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,867	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,909	0	59.00
60.00	06000	LABORATORY	0	0	15,721	9,218	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	559	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,807	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	532	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	398	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	140	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,317	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	45	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	7,126	2,141	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,614	0	3,344	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	124,033	0	2,280	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	90,666	9,212	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	519	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,537	0	90.00
91.00	09100	EMERGENCY	5,254	0	0	4,756	605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	212	250	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,629	232,647	113,725	80,241	12,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,756	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	2,611	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,629	232,647	119,092	80,241	12,425	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED PROGRAM		
	17.01	17.02	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			21.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00550	DATA PROCESSING					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER A&G					5.05
5.06	00592	PATIENT TRANSPORTATION					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
17.01	01701	STAFF EDUCATION	69,985				17.01
17.02	01702	MEDICAL EDUCATION	0	2,621			17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	386		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		28,063	22.00
23.00	02300	PARAMED PROGRAM	33	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,772	0			30.00
31.00	03100	INTENSIVE CARE UNIT	5,093	0			31.00
31.01	03101	NEONATAL ICU	2,363	0			31.01
40.00	04000	SUBPROVIDER - I PF	600	0			40.00
41.00	04100	SUBPROVIDER - I RF	4,919	0			41.00
43.00	04300	NURSERY	319	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,656	0			50.00
50.01	05001	ENDOSCOPY	466	0			50.01
51.00	05100	RECOVERY ROOM	685	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,296	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	638	0			54.00
54.01	05401	RADIOLOGY - ULTRASOUND	344	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	206	0			55.00
56.00	05600	RADIOISOTOPE	12	0			56.00
57.00	05700	CT SCAN	253	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	1,797	0			59.00
60.00	06000	LABORATORY	372	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	393	0			65.00
66.00	06600	PHYSICAL THERAPY	21	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	42	0			67.00
68.00	06800	SPEECH PATHOLOGY	30	0			68.00
69.00	06900	ELECTROCARDIOLOGY	413	0			69.00
69.01	06901	CARDIAC REHAB	23	0			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	325	0			70.00
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	223	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	211	0			90.00
91.00	09100	EMERGENCY	9,366	2,621			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	586	0			101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,472	2,621	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
191.00	19100	RESEARCH	0	0			191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS		PARAMED PROGRAM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			17.01	17.02		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	513	0				192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0				192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			386	28,063	22,917	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	69,985	2,621	386	28,063	22,917	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
4.00	00400				4.00
5.01	00550				5.01
5.02	00560				5.02
5.03	00570				5.03
5.04	00580				5.04
5.05	00590				5.05
5.06	00592				5.06
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
17.02	01702				17.02
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,299,399	0	2,299,399	30.00
31.00	03100	178,264	0	178,264	31.00
31.01	03101	28,232	0	28,232	31.01
40.00	04000	28,570	0	28,570	40.00
41.00	04100	229,594	0	229,594	41.00
43.00	04300	159,016	0	159,016	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	424,019	0	424,019	50.00
50.01	05001	12,408	0	12,408	50.01
51.00	05100	104,766	0	104,766	51.00
52.00	05200	60,721	0	60,721	52.00
53.00	05300	0	0	0	53.00
54.00	05400	351,916	0	351,916	54.00
54.01	05401	38,870	0	38,870	54.01
55.00	05500	89,578	0	89,578	55.00
56.00	05600	63,054	0	63,054	56.00
57.00	05700	67,365	0	67,365	57.00
58.00	05800	30,295	0	30,295	58.00
59.00	05900	73,476	0	73,476	59.00
60.00	06000	199,921	0	199,921	60.00
60.01	06001	0	0	0	60.01
61.00	06100				61.00
62.00	06200	8,376	0	8,376	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	62,029	0	62,029	65.00
66.00	06600	83,789	0	83,789	66.00
67.00	06700	70,322	0	70,322	67.00
68.00	06800	13,027	0	13,027	68.00
69.00	06900	5,063	0	5,063	69.00
69.01	06901	2,193	0	2,193	69.01
70.00	07000	12,825	0	12,825	70.00
71.00	07100	143,892	0	143,892	71.00
72.00	07200	162,778	0	162,778	72.00
73.00	07300	143,754	0	143,754	73.00
74.00	07400	36,478	0	36,478	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	493,855	0	493,855	90.00
91.00	09100	236,358	0	236,358	91.00
92.00	09200		0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	6,073	0	6,073	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		5,920,276	0	5,920,276	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	12,094	0	12,094	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	240,605	0	240,605	192.00
192.01	19201	OTHER NON-REIMBURSABLE	31,683	0	31,683	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	56,962	0	56,962	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	51,366	0	51,366	200.00
201.00		Negative Cost Centers	2,611	0	2,611	201.00
202.00		TOTAL (sum lines 118-201)	6,315,597	0	6,315,597	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,410,133				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,906	139,996,708			4.00
5.01 00550	DATA PROCESSING	9,190	4,144,273	100		5.01
5.02 00560	PURCHASING RECEIVING AND STORES	7,332	931,211	0	38,660,932	5.02
5.03 00570	ADMITTING	9,717	2,054,640	0	45,114	1,377,988
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	30,646	2,032,776	0	21,928	30,646
5.05 00590	OTHER A&G	99,579	10,522,518	100	76,086	99,579
5.06 00592	PATIENT TRANSPORTATION	0	568,357	0	2,161	0
7.00 00700	OPERATION OF PLANT	299,329	3,462,001	0	331,695	299,329
8.00 00800	LAUNDRY & LINEN SERVICE	17,825	0	0	2,174	17,825
9.00 00900	HOUSEKEEPING	20,635	4,635,956	0	475,601	20,635
10.00 01000	DIETARY	18,848	2,059,722	0	405,603	18,848
11.00 01100	CAFETERIA	13,177	1,336,379	0	517	13,177
13.00 01300	NURSING ADMINISTRATION	6,350	2,536,624	0	14,244	6,350
14.00 01400	CENTRAL SERVICES & SUPPLY	35,843	541,101	0	649,390	35,843
15.00 01500	PHARMACY	18,957	0	0	102,452	18,957
16.00 01600	MEDICAL RECORDS & LIBRARY	11,307	2,003,145	0	10,696	11,307
17.00 01700	SOCIAL SERVICE	1,629	505,798	0	0	1,629
17.01 01701	STAFF EDUCATION	11,147	0	0	0	11,147
17.02 01702	MEDICAL EDUCATION	374	70,791	0	362	374
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	0	0	4,467
23.00 02300	PARAMED ED PROGRAM	3,364	510,154	0	5,532	3,364
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	313,217	30,321,025	0	1,983,295	313,217
31.00 03100	INTENSIVE CARE UNIT	19,864	6,216,119	0	609,808	19,864
31.01 03101	NEONATAL ICU	2,258	2,265,167	0	4,138	2,258
40.00 04000	SUBPROVIDER - I PF	3,972	677,994	0	530	3,972
41.00 04100	SUBPROVIDER - I RF	31,243	3,044,778	0	96,471	31,243
43.00 04300	NURSERY	24,424	617,742	0	127,902	24,424
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,647	4,188,291	0	838,798	59,647
50.01 05001	ENDOSCOPY	0	1,214,789	0	687,933	0
51.00 05100	RECOVERY ROOM	14,546	948,738	0	36,995	14,546
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,003	2,602,118	0	110,489	7,003
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	53,059	2,295,466	0	161,859	53,059
54.01 05401	RADIOLOGY - ULTRASOUND	5,054	1,301,433	0	158,115	5,054
55.00 05500	RADIOLOGY-THERAPEUTIC	13,485	519,054	0	27,309	13,485
56.00 05600	RADIOISOTOPE	9,043	495,956	0	705,442	9,043
57.00 05700	CT SCAN	8,563	1,026,854	0	309,782	8,563
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	405,574	0	80,849	4,205
59.00 05900	CARDIAC CATHETERIZATION	8,393	1,999,303	0	405,023	8,393
60.00 06000	LABORATORY	23,518	3,513,382	0	2,750,177	23,518
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	1,157,666	0	257,256	385
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	7,766	2,351,478	0	454,700	7,766
66.00 06600	PHYSICAL THERAPY	12,270	1,416,643	0	11,310	12,270
67.00 06700	OCCUPATIONAL THERAPY	10,545	1,068,842	0	15,069	10,545
68.00 06800	SPEECH PATHOLOGY	1,796	397,185	0	6,864	1,796
69.00 06900	ELECTROCARDIOLOGY	0	613,329	0	16,695	0
69.01 06901	CARDIAC REHAB	0	376,805	0	7,087	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	864,514	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,196,174	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,785,480	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,662	428,980	0	508,539	1,662
74.00 07400	RENAL DIALYSIS	4,383	0	0	12,868	4,383
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	76,181	2,253,687	0	70,795	76,181
91.00 09100	EMERGENCY	27,063	6,425,294	0	1,481,087	27,063
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	1,832,997	0	87,934	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,369,167	120,756,649	100	38,150,328	1,337,022

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)			
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00	5.01	5.02	5.03			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	56,241	0	174,319	1,801	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,711	15,895,269	0	335,610	26,711	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,457	3,125,267	0	675	3,457	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	163,282	0	0	8,997	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,315,597	25,265,620	15,280,141	3,391,974	3,005,015	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.478724	0.180473	152,801.410000	0.087736	2.180727	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		26,451	41,942	33,014	43,947	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000189	419.420000	0.000854	0.031892	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00550	DATA PROCESSING						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,347,342					5.04
5.05	00590	OTHER A&G	99,579	-40,623,818	274,046,344			5.05
5.06	00592	PATIENT TRANSPORTATION	0	0	736,056	53,119		5.06
7.00	00700	OPERATION OF PLANT	299,329	0	18,331,927	0	948,434	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	0	1,620,666	0	17,825	8.00
9.00	00900	HOUSEKEEPING	20,635	0	7,119,458	0	20,635	9.00
10.00	01000	DIETARY	18,848	0	4,737,333	0	18,848	10.00
11.00	01100	CAFETERIA	13,177	0	2,203,797	0	13,177	11.00
13.00	01300	NURSING ADMINISTRATION	6,350	0	3,529,621	0	6,350	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	0	2,906,621	0	35,843	14.00
15.00	01500	PHARMACY	18,957	0	178,226	0	18,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	0	3,453,458	1	11,307	16.00
17.00	01700	SOCIAL SERVICE	1,629	0	613,175	0	1,629	17.00
17.01	01701	STAFF EDUCATION	11,147	0	110,128	0	11,147	17.01
17.02	01702	MEDICAL EDUCATION	374	0	108,923	0	374	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	210,204	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	0	53,719	0	4,467	22.00
23.00	02300	PARAMED ED PROGRAM	3,364	0	325,950	0	3,364	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	313,217	0	44,658,674	22,867	313,217	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	0	8,863,746	410	19,864	31.00
31.01	03101	NEONATAL ICU	2,258	0	2,884,286	0	2,258	31.01
40.00	04000	SUBPROVIDER - I/PF	3,972	0	907,840	36	3,972	40.00
41.00	04100	SUBPROVIDER - I/RF	31,243	0	4,337,635	608	31,243	41.00
43.00	04300	NURSERY	24,424	0	1,213,795	0	24,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,647	0	9,305,635	0	59,647	50.00
50.01	05001	ENDOSCOPY	0	0	3,330,841	1,500	0	50.01
51.00	05100	RECOVERY ROOM	14,546	0	1,381,856	5	14,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	0	3,677,495	370	7,003	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	0	5,269,799	5,885	53,059	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	5,054	0	2,003,090	5,624	5,054	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,485	0	1,668,616	439	13,485	55.00
56.00	05600	RADIOISOTOPE	9,043	0	1,657,116	2,821	9,043	56.00
57.00	05700	CT SCAN	8,563	0	2,154,960	7,465	8,563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	0	652,270	2,642	4,205	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	0	4,468,328	1,575	8,393	59.00
60.00	06000	LABORATORY	23,518	0	11,243,956	1	23,518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	0	1,612,633	0	385	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,766	0	3,706,918	107	7,766	65.00
66.00	06600	PHYSICAL THERAPY	12,270	0	1,923,449	0	12,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	0	1,508,999	0	10,545	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	0	532,948	0	1,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,003,493	236	0	69.00
69.01	06901	CARDIAC REHAB	0	0	797,736	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,247,955	441	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,178,481	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	13,907,244	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	0	17,638,621	0	1,662	73.00
74.00	07400	RENAL DIALYSIS	4,383	0	1,832,540	1	4,383	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	76,181	0	5,602,226	9	76,181	90.00
91.00	09100	EMERGENCY	27,063	0	10,332,822	76	27,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	2,506,370	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,306,376	-40,623,818	232,251,635	53,119	907,468	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	0	287,468	0	1,801	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5A.05	5.05	5.06	7.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,711	0	36,033,290	0	26,711	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,457	0	5,143,692	0	3,457	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	0	330,259	0	8,997	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,338,657		40,623,818	845,167	21,049,397	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.220160		0.148237	15.910823	22.193845	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	138,635		503,405	1,461	1,415,570	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.102895		0.001837	0.027504	1.492534	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet B-1 Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00550	DATA PROCESSING					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER A&G					5.05	
5.06	00592	PATIENT TRANSPORTATION					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,201,188				8.00	
9.00	00900	HOUSEKEEPING	0	909,974			9.00	
10.00	01000	DIETARY	0	18,848	388,582		10.00	
11.00	01100	CAFETERIA	0	13,177	0	2,720,767	11.00	
13.00	01300	NURSING ADMINISTRATION	0	6,350	0	59,599	1,849,640	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,313	35,843	0	32,226	0	14.00
15.00	01500	PHARMACY	13	18,957	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,307	0	85,398	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,629	0	17,280	17,280	17.00
17.01	01701	STAFF EDUCATION	0	11,147	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	374	0	2,095	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,467	0	0	0	22.00
23.00	02300	PARAMED ED PROGRAM	0	3,364	0	19,337	19,337	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,043,479	313,217	265,013	1,000,091	1,000,091	30.00
31.00	03100	INTENSIVE CARE UNIT	55,240	19,864	53,319	161,355	161,355	31.00
31.01	03101	NEONATAL ICU	48,761	2,258	0	53,539	53,539	31.01
40.00	04000	SUBPROVIDER - I PF	0	3,972	0	19,892	19,892	40.00
41.00	04100	SUBPROVIDER - I RF	0	31,243	35,972	100,696	100,696	41.00
43.00	04300	NURSERY	45,328	24,424	0	15,526	15,526	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	219,730	59,647	0	127,091	127,091	50.00
50.01	05001	ENDOSCOPY	29,200	0	7	35,998	35,998	50.01
51.00	05100	RECOVERY ROOM	57,518	14,546	15,882	24,331	24,331	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,140	7,003	0	74,646	74,646	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	73,063	53,059	0	78,607	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	12,397	5,054	0	30,001	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,312	13,485	0	12,920	0	55.00
56.00	05600	RADIOISOTOPE	26,806	9,043	0	11,710	0	56.00
57.00	05700	CT SCAN	16,839	8,563	0	29,547	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,732	4,205	0	10,740	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,099	8,393	3,656	50,454	0	59.00
60.00	06000	LABORATORY	0	23,518	0	116,386	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	385	0	62,442	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,236	7,766	0	75,309	0	65.00
66.00	06600	PHYSICAL THERAPY	26,541	12,270	0	39,578	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,545	0	27,626	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,796	777	9,332	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,616	0	0	22,352	0	69.00
69.01	06901	CARDIAC REHAB	4,262	0	0	11,476	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	19	23,824	0	70.00
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	1,662	0	10,361	0	73.00
74.00	07400	RENAL DIALYSIS	101,245	4,383	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,057	76,181	0	65,021	0	90.00
91.00	09100	EMERGENCY	234,787	27,063	13,937	199,858	199,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,188,714	869,008	388,582	2,716,644	1,849,640	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,801	0	4,123	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
			8.00	9.00	10.00	11.00	13.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,474	26,711	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	3,457	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	8,997	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,256,514	8,632,795	6,036,699	2,947,937	4,318,589	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.025135	9.486859	15.535200	1.083495	2.334827	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,818	140,357	127,430	86,792	48,629	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.050799	0.154243	0.327936	0.031900	0.026291	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
		14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00550						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
5.06	00592						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	23,981,654					14.00
15.00	01500		13,537,166				15.00
16.00	01600			1,073,464,141			16.00
17.00	01700				801		17.00
17.01	01701					119,051	17.01
17.02	01702						17.02
21.00	02100						21.00
22.00	02200						22.00
23.00	02300					56	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000			93,208,923	620	57,449	30.00
31.00	03100			15,276,741		8,663	31.00
31.01	03101			5,478,673		4,019	31.01
40.00	04000			1,984,549		1,020	40.00
41.00	04100			7,786,843	142	8,368	41.00
43.00	04300			1,790,154		543	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000			134,228,783		6,220	50.00
50.01	05001			18,482,384		793	50.01
51.00	05100			9,646,080		1,166	51.00
52.00	05200			5,224,893		3,906	52.00
53.00	05300						53.00
54.00	05400			33,036,446		1,086	54.00
54.01	05401			14,458,276		586	54.01
55.00	05500			15,637,878		351	55.00
56.00	05600			11,699,610		20	56.00
57.00	05700			94,456,433		431	57.00
58.00	05800			24,887,595		1	58.00
59.00	05900			65,447,409		3,057	59.00
60.00	06000		1,826,984	122,907,801		632	60.00
60.01	06001						60.01
61.00	06100						61.00
62.00	06200			7,454,409		24	62.00
63.00	06300						63.00
64.00	06400						64.00
65.00	06500			37,427,751		668	65.00
66.00	06600			7,094,482		35	66.00
67.00	06700			5,313,169		72	67.00
68.00	06800			1,867,683		51	68.00
69.00	06900			17,555,773		702	69.00
69.01	06901			596,633		39	69.01
70.00	07000		828,078	28,551,810		553	70.00
71.00	07100	11,196,174		44,583,611			71.00
72.00	07200	12,785,480		30,397,573			72.00
73.00	07300		10,537,184	122,821,796		379	73.00
74.00	07400			6,915,420			74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000			20,497,887		359	90.00
91.00	09100			63,412,996	39	15,932	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100		24,627	3,333,677		997	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		23,981,654	13,216,873	1,073,464,141	801	118,178	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	
		14.00	15.00	16.00	17.00	17.01	
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	320,293	0	0	873	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	0	0	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,532,862	805,230	4,416,146	814,747	479,598	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.189014	0.059483	0.004114	1,017.162297	4.028509	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	232,647	119,092	80,241	12,425	69,985	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009701	0.008605	0.000075	15.511860	0.587857	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PROGRAM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.02	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00550 DATA PROCESSING						5.01
5.02 00560 PURCHASING RECEIVING AND STORES						5.02
5.03 00570 ADMINISTRATION						5.03
5.04 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00590 OTHER A&G						5.05
5.06 00592 PATIENT TRANSPORTATION						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 STAFF EDUCATION						17.01
17.02 01702 MEDICAL EDUCATION	100					17.02
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	100				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100			22.00
23.00 02300 PARAMED PROGRAM	0			100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 03101 NEONATAL ICU	0	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	100	100	100	100	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		17.02	21.00				22.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	139,187	241,364	203,200	547,169	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,391.870000	2,413.640000	2,032.000000	5,471.690000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,621	386	28,063	22,917	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	26.210000	3.860000	280.630000	229.170000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,416,430		71,416,430	0	71,416,430	30.00
31.00	03100	INTENSIVE CARE UNIT	12,347,770		12,347,770	0	12,347,770	31.00
31.01	03101	NEONATAL ICU	3,655,109		3,655,109	0	3,655,109	31.01
40.00	04000	SUBPROVIDER - I PF	1,249,094		1,249,094	0	1,249,094	40.00
41.00	04100	SUBPROVIDER - I RF	7,093,334		7,093,334	0	7,093,334	41.00
43.00	04300	NURSERY	2,276,585		2,276,585	0	2,276,585	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,811,610		13,811,610	0	13,811,610	50.00
50.01	05001	ENDOSCOPY	4,080,789		4,080,789	0	4,080,789	50.01
51.00	05100	RECOVERY ROOM	2,480,853		2,480,853	0	2,480,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,793,151		4,793,151	0	4,793,151	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,125,915		8,125,915	0	8,125,915	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	2,656,676		2,656,676	0	2,656,676	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,433,308		2,433,308	0	2,433,308	55.00
56.00	05600	RADIOISOTOPE	2,322,516		2,322,516	0	2,322,516	56.00
57.00	05700	CT SCAN	3,304,067		3,304,067	0	3,304,067	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,045,144		1,045,144	0	1,045,144	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,863,994		5,863,994	0	5,863,994	59.00
60.00	06000	LABORATORY	14,398,776		14,398,776	0	14,398,776	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,962,302		1,962,302	0	1,962,302	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,745,737	0	4,745,737	0	4,745,737	65.00
66.00	06600	PHYSICAL THERAPY	2,696,716	0	2,696,716	0	2,696,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,118,842	0	2,118,842	0	2,118,842	67.00
68.00	06800	SPEECH PATHOLOGY	698,920	0	698,920	0	698,920	68.00
69.00	06900	ELECTROCARDIOLOGY	1,268,206		1,268,206	0	1,268,206	69.00
69.01	06901	CARDIAC REHAB	935,405		935,405	0	935,405	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,635,020		1,635,020	0	1,635,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,283,433		16,283,433	0	16,283,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,510,496		18,510,496	0	18,510,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,450,794		21,450,794	0	21,450,794	73.00
74.00	07400	RENAL DIALYSIS	2,375,303		2,375,303	0	2,375,303	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,049,732		9,049,732	0	9,049,732	90.00
91.00	09100	EMERGENCY	14,914,582		14,914,582	0	14,914,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,651,584		12,651,584	0	12,651,584	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,897,103		2,897,103	0	2,897,103	101.00
200.00		Subtotal (see instructions)	277,549,296	0	277,549,296	0	277,549,296	200.00
201.00		Less Observation Beds	12,651,584		12,651,584	0	12,651,584	201.00
202.00		Total (see instructions)	264,897,712	0	264,897,712	0	264,897,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 5:56 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,931,387		68,931,387			30.00
31.00	03100	INTENSIVE CARE UNIT	15,276,741		15,276,741			31.00
31.01	03101	NEONATAL ICU	5,478,673		5,478,673			31.01
40.00	04000	SUBPROVIDER - I PF	1,984,549		1,984,549			40.00
41.00	04100	SUBPROVIDER - I RF	7,786,843		7,786,843			41.00
43.00	04300	NURSERY	1,790,154		1,790,154			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	85,877,373	48,351,410	134,228,783	0.102896	0.000000	50.00
50.01	05001	ENDOSCOPY	5,025,533	13,456,851	18,482,384	0.220793	0.000000	50.01
51.00	05100	RECOVERY ROOM	4,984,361	4,661,719	9,646,080	0.257188	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007,050	2,217,843	5,224,893	0.917368	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,444,230	23,592,216	33,036,446	0.245968	0.000000	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	4,857,278	9,600,998	14,458,276	0.183748	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,118,514	14,519,364	15,637,878	0.155603	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,702,439	5,997,171	11,699,610	0.198512	0.000000	56.00
57.00	05700	CT SCAN	37,220,209	57,236,224	94,456,433	0.034980	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,821,392	15,066,203	24,887,595	0.041995	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	31,007,460	34,439,949	65,447,409	0.089599	0.000000	59.00
60.00	06000	LABORATORY	57,764,300	65,143,501	122,907,801	0.117151	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,798,395	1,656,014	7,454,409	0.263240	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,369,261	4,058,490	37,427,751	0.126797	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,899,796	194,686	7,094,482	0.380115	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,223,402	89,767	5,313,169	0.398791	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,737,836	129,847	1,867,683	0.374218	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,237,381	7,318,392	17,555,773	0.072239	0.000000	69.00
69.01	06901	CARDIAC REHAB	183,992	412,641	596,633	1.567806	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,333,766	18,218,044	28,551,810	0.057265	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,058,802	19,524,809	44,583,611	0.365234	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,800,442	11,597,131	30,397,573	0.608947	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,579,247	19,242,549	122,821,796	0.174650	0.000000	73.00
74.00	07400	RENAL DIALYSIS	6,578,285	337,135	6,915,420	0.343479	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	470,255	20,027,632	20,497,887	0.441496	0.000000	90.00
91.00	09100	EMERGENCY	16,516,235	46,896,761	63,412,996	0.235198	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,201,180	17,076,356	24,277,536	0.521123	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,333,677	3,333,677			101.00
200.00		Subtotal (see instructions)	609,066,761	464,397,380	1,073,464,141			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	609,066,761	464,397,380	1,073,464,141			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL ICU			31.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.102896		50.00
50.01	05001 ENDOSCOPY	0.220793		50.01
51.00	05100 RECOVERY ROOM	0.257188		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.917368		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245968		54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.183748		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155603		55.00
56.00	05600 RADIOISOTOPE	0.198512		56.00
57.00	05700 CT SCAN	0.034980		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041995		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089599		59.00
60.00	06000 LABORATORY	0.117151		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.126797		65.00
66.00	06600 PHYSICAL THERAPY	0.380115		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.398791		67.00
68.00	06800 SPEECH PATHOLOGY	0.374218		68.00
69.00	06900 ELECTROCARDIOLOGY	0.072239		69.00
69.01	06901 CARDIAC REHAB	1.567806		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.057265		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.608947		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174650		73.00
74.00	07400 RENAL DIALYSIS	0.343479		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.441496		90.00
91.00	09100 EMERGENCY	0.235198		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521123		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:56 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE		
				Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		71,416,430	0	71,416,430	30.00
31.00	03100 INTENSIVE CARE UNIT		12,347,770	0	12,347,770	31.00
31.01	03101 NEONATAL ICU		3,655,109	0	3,655,109	31.01
40.00	04000 SUBPROVIDER - I PF		1,249,094	0	1,249,094	40.00
41.00	04100 SUBPROVIDER - I RF		7,093,334	0	7,093,334	41.00
43.00	04300 NURSERY		2,276,585	0	2,276,585	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,811,610	0	13,811,610	50.00
50.01	05001 ENDOSCOPY		4,080,789	0	4,080,789	50.01
51.00	05100 RECOVERY ROOM		2,480,853	0	2,480,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,793,151	0	4,793,151	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,125,915	0	8,125,915	54.00
54.01	05401 RADIOLOGY - ULTRASOUND		2,656,676	0	2,656,676	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		2,433,308	0	2,433,308	55.00
56.00	05600 RADIOISOTOPE		2,322,516	0	2,322,516	56.00
57.00	05700 CT SCAN		3,304,067	0	3,304,067	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,045,144	0	1,045,144	58.00
59.00	05900 CARDIAC CATHETERIZATION		5,863,994	0	5,863,994	59.00
60.00	06000 LABORATORY		14,398,776	0	14,398,776	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,962,302	0	1,962,302	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,745,737	0	4,745,737	65.00
66.00	06600 PHYSICAL THERAPY	0	2,696,716	0	2,696,716	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,118,842	0	2,118,842	67.00
68.00	06800 SPEECH PATHOLOGY	0	698,920	0	698,920	68.00
69.00	06900 ELECTROCARDIOLOGY		1,268,206	0	1,268,206	69.00
69.01	06901 CARDIAC REHAB		935,405	0	935,405	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY		1,635,020	0	1,635,020	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,283,433	0	16,283,433	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		18,510,496	0	18,510,496	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		21,450,794	0	21,450,794	73.00
74.00	07400 RENAL DIALYSIS		2,375,303	0	2,375,303	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		9,049,732	0	9,049,732	90.00
91.00	09100 EMERGENCY		14,914,582	0	14,914,582	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		12,651,584	0	12,651,584	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		2,897,103	0	2,897,103	101.00
200.00	Subtotal (see instructions)	0	277,549,296	0	277,549,296	200.00
201.00	Less Observation Beds		12,651,584	0	12,651,584	201.00
202.00	Total (see instructions)	0	264,897,712	0	264,897,712	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	68,931,387		68,931,387				30.00
31.00	03100	INTENSIVE CARE UNIT	15,276,741		15,276,741				31.00
31.01	03101	NEONATAL ICU	5,478,673		5,478,673				31.01
40.00	04000	SUBPROVIDER - I/PF	1,984,549		1,984,549				40.00
41.00	04100	SUBPROVIDER - I/RF	7,786,843		7,786,843				41.00
43.00	04300	NURSERY	1,790,154		1,790,154				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	85,877,373	48,351,410	134,228,783	0.102896	0.000000		50.00
50.01	05001	ENDOSCOPY	5,025,533	13,456,851	18,482,384	0.220793	0.000000		50.01
51.00	05100	RECOVERY ROOM	4,984,361	4,661,719	9,646,080	0.257188	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007,050	2,217,843	5,224,893	0.917368	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,444,230	23,592,216	33,036,446	0.245968	0.000000		54.00
54.01	05401	RADIOLOGY - ULTRASOUND	4,857,278	9,600,998	14,458,276	0.183748	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,118,514	14,519,364	15,637,878	0.155603	0.000000		55.00
56.00	05600	RADIOISOTOPE	5,702,439	5,997,171	11,699,610	0.198512	0.000000		56.00
57.00	05700	CT SCAN	37,220,209	57,236,224	94,456,433	0.034980	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,821,392	15,066,203	24,887,595	0.041995	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	31,007,460	34,439,949	65,447,409	0.089599	0.000000		59.00
60.00	06000	LABORATORY	57,764,300	65,143,501	122,907,801	0.117151	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,798,395	1,656,014	7,454,409	0.263240	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	33,369,261	4,058,490	37,427,751	0.126797	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	6,899,796	194,686	7,094,482	0.380115	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,223,402	89,767	5,313,169	0.398791	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,737,836	129,847	1,867,683	0.374218	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,237,381	7,318,392	17,555,773	0.072239	0.000000		69.00
69.01	06901	CARDIAC REHAB	183,992	412,641	596,633	1.567806	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,333,766	18,218,044	28,551,810	0.057265	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,058,802	19,524,809	44,583,611	0.365234	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,800,442	11,597,131	30,397,573	0.608947	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	103,579,247	19,242,549	122,821,796	0.174650	0.000000		73.00
74.00	07400	RENAL DIALYSIS	6,578,285	337,135	6,915,420	0.343479	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	470,255	20,027,632	20,497,887	0.441496	0.000000		90.00
91.00	09100	EMERGENCY	16,516,235	46,896,761	63,412,996	0.235198	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,201,180	17,076,356	24,277,536	0.521123	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	3,333,677	3,333,677				101.00
200.00		Subtotal (see instructions)	609,066,761	464,397,380	1,073,464,141				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	609,066,761	464,397,380	1,073,464,141				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 5:56 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL ICU			31.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,299,399	0	2,299,399	97,645	23.55	30.00
31.00	INTENSIVE CARE UNIT	178,264		178,264	8,379	21.28	31.00
31.01	NEONATAL ICU	28,232		28,232	3,028	9.32	31.01
40.00	SUBPROVIDER - IPF	28,570	0	28,570	1,506	18.97	40.00
41.00	SUBPROVIDER - IRF	229,594	0	229,594	10,538	21.79	41.00
43.00	NURSERY	159,016		159,016	2,874	55.33	43.00
200.00	Total (Lines 30-199)	2,923,075		2,923,075	123,970		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	35,589	838,121	30.00
31.00	INTENSIVE CARE UNIT	4,143	88,163	31.00
31.01	NEONATAL ICU	0	0	31.01
40.00	SUBPROVIDER - IPF	546	10,358	40.00
41.00	SUBPROVIDER - IRF	7,566	164,863	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	47,844	1,101,505	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/24/2016 5:56 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							
50.00	05000 OPERATING ROOM	424,019	134,228,783	0.003159	35,196,506	111,186	50.00
50.01	05001 ENDOSCOPY	12,408	18,482,384	0.000671	2,430,252	1,631	50.01
51.00	05100 RECOVERY ROOM	104,766	9,646,080	0.010861	1,672,339	18,163	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	60,721	5,224,893	0.011621	41,456	482	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	351,916	33,036,446	0.010652	4,620,901	49,222	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	38,870	14,458,276	0.002688	2,209,288	5,939	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	89,578	15,637,878	0.005728	417,795	2,393	55.00
56.00	05600 RADIOISOTOPE	63,054	11,699,610	0.005389	2,645,910	14,259	56.00
57.00	05700 CT SCAN	67,365	94,456,433	0.000713	15,547,730	11,086	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	30,295	24,887,595	0.001217	4,203,081	5,115	58.00
59.00	05900 CARDIAC CATHETERIZATION	73,476	65,447,409	0.001123	14,824,534	16,648	59.00
60.00	06000 LABORATORY	199,921	122,907,801	0.001627	25,850,505	42,059	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,376	7,454,409	0.001124	2,105,112	2,366	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	62,029	37,427,751	0.001657	15,999,457	26,511	65.00
66.00	06600 PHYSICAL THERAPY	83,789	7,094,482	0.011810	1,716,451	20,271	66.00
67.00	06700 OCCUPATIONAL THERAPY	70,322	5,313,169	0.013235	886,765	11,736	67.00
68.00	06800 SPEECH PATHOLOGY	13,027	1,867,683	0.006975	711,141	4,960	68.00
69.00	06900 ELECTROCARDIOLOGY	5,063	17,555,773	0.000288	4,531,670	1,305	69.00
69.01	06901 CARDIAC REHAB	2,193	596,633	0.003676	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	12,825	28,551,810	0.000449	1,855,271	833	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,892	44,583,611	0.003227	9,404,785	30,349	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	162,778	30,397,573	0.005355	8,244,236	44,148	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	143,754	122,821,796	0.001170	45,319,593	53,024	73.00
74.00	07400 RENAL DIALYSIS	36,478	6,915,420	0.005275	3,854,318	20,332	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	493,855	20,497,887	0.024093	178,857	4,309	90.00
91.00	09100 EMERGENCY	236,358	63,412,996	0.003727	9,917,183	36,961	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	407,343	24,277,536	0.016779	0	0	92.00
200.00	Total (Lines 50-199)	3,398,471	968,882,117		214,385,136	535,288	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NEONATAL ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	97,645	0.00	35,589	0		30.00
31.00	03100	INTENSIVE CARE UNIT	8,379	0.00	4,143	0		31.00
31.01	03101	NEONATAL ICU	3,028	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - I PF	1,506	0.00	546	0		40.00
41.00	04100	SUBPROVIDER - I RF	10,538	0.00	7,566	0		41.00
43.00	04300	NURSERY	2,874	0.00	0	0		43.00
200.00		Total (lines 30-199)	123,970		47,844	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
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	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	547,169	0	0	547,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	547,169	0	0	547,169	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	134,228,783	0.000000	0.000000	35,196,506	50.00
50.01	05001	ENDOSCOPY	0	18,482,384	0.000000	0.000000	2,430,252	50.01
51.00	05100	RECOVERY ROOM	0	9,646,080	0.000000	0.000000	1,672,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,224,893	0.000000	0.000000	41,456	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,036,446	0.000000	0.000000	4,620,901	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	14,458,276	0.000000	0.000000	2,209,288	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,637,878	0.000000	0.000000	417,795	55.00
56.00	05600	RADIOISOTOPE	0	11,699,610	0.000000	0.000000	2,645,910	56.00
57.00	05700	CT SCAN	0	94,456,433	0.000000	0.000000	15,547,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,887,595	0.000000	0.000000	4,203,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	65,447,409	0.000000	0.000000	14,824,534	59.00
60.00	06000	LABORATORY	0	122,907,801	0.000000	0.000000	25,850,505	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,454,409	0.000000	0.000000	2,105,112	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,427,751	0.000000	0.000000	15,999,457	65.00
66.00	06600	PHYSICAL THERAPY	0	7,094,482	0.000000	0.000000	1,716,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,313,169	0.000000	0.000000	886,765	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,867,683	0.000000	0.000000	711,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,555,773	0.000000	0.000000	4,531,670	69.00
69.01	06901	CARDIAC REHAB	0	596,633	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,551,810	0.000000	0.000000	1,855,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,583,611	0.000000	0.000000	9,404,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,397,573	0.000000	0.000000	8,244,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	122,821,796	0.000000	0.000000	45,319,593	73.00
74.00	07400	RENAL DIALYSIS	0	6,915,420	0.000000	0.000000	3,854,318	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20,497,887	0.000000	0.000000	178,857	90.00
91.00	09100	EMERGENCY	547,169	63,412,996	0.008629	0.008629	9,917,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	24,277,536	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	547,169	968,882,117			214,385,136	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	13,897,664	0	50.00
50.01	05001 ENDOSCOPY	0	4,809,841	0	50.01
51.00	05100 RECOVERY ROOM	0	1,693,883	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	392,066	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,441,198	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	2,047,974	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,909,769	0	55.00
56.00	05600 RADIOISOTOPE	0	2,034,102	0	56.00
57.00	05700 CT SCAN	0	13,526,389	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,088,814	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,839,067	0	59.00
60.00	06000 LABORATORY	0	7,192,873	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	212,208	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	698,491	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	123	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,786,739	0	69.00
69.01	06901 CARDIAC REHAB	0	145,425	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,393,317	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,988,329	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,978,498	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	9,166,015	0	73.00
74.00	07400 RENAL DIALYSIS	0	222,624	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	6,106,213	0	90.00
91.00	09100 EMERGENCY	85,575	8,913,342	76,913	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,826,293	0	92.00
200.00	Total (Lines 50-199)	85,575	120,311,257	76,913	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.102896	13,897,664	0	0	1,430,014	50.00	
50.01 05001 ENDOSCOPY	0.220793	4,809,841	0	0	1,061,979	50.01	
51.00 05100 RECOVERY ROOM	0.257188	1,693,883	0	0	435,646	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.917368	392,066	0	0	359,669	52.00	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.245968	7,441,198	95	0	1,830,297	54.00	
54.01 05401 RADIOLOGY - ULTRASOUND	0.183748	2,047,974	0	0	376,311	54.01	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.155603	5,909,769	0	0	919,578	55.00	
56.00 05600 RADIOISOTOPE	0.198512	2,034,102	0	0	403,794	56.00	
57.00 05700 CT SCAN	0.034980	13,526,389	0	0	473,153	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041995	4,088,814	0	0	171,710	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.089599	14,839,067	0	0	1,329,566	59.00	
60.00 06000 LABORATORY	0.117151	7,192,873	0	0	842,652	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	212,208	0	0	55,862	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0.126797	698,491	0	0	88,567	65.00	
66.00 06600 PHYSICAL THERAPY	0.380115	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.398791	123	0	0	49	67.00	
68.00 06800 SPEECH PATHOLOGY	0.374218	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.072239	1,786,739	0	0	129,072	69.00	
69.01 06901 CARDIAC REHAB	1.567806	145,425	0	0	227,998	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.057265	2,393,317	0	0	137,053	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	4,988,329	0	0	1,821,907	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.608947	4,978,498	0	0	3,031,641	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.174650	9,166,015	0	41,517	1,600,845	73.00	
74.00 07400 RENAL DIALYSIS	0.343479	222,624	0	0	76,467	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.441496	6,106,213	0	0	2,695,869	90.00	
91.00 09100 EMERGENCY	0.235198	8,913,342	0	0	2,096,400	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	2,826,293	0	0	1,472,846	92.00	
200.00		Subtotal (see instructions)	120,311,257	95	41,517	23,068,945	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	120,311,257	95	41,517	23,068,945	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:56 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	23	0		54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
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	7,251		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	23	7,251		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	23	7,251		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	424,019	134,228,783	0.003159	5,100	16	50.00
50.01	05001 ENDOSCOPY	12,408	18,482,384	0.000671	4,586	3	50.01
51.00	05100 RECOVERY ROOM	104,766	9,646,080	0.010861	888	10	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	60,721	5,224,893	0.011621	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	351,916	33,036,446	0.010652	6,719	72	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	38,870	14,458,276	0.002688	2,319	6	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	89,578	15,637,878	0.005728	0	0	55.00
56.00	05600 RADIOISOTOPE	63,054	11,699,610	0.005389	2,127	11	56.00
57.00	05700 CT SCAN	67,365	94,456,433	0.000713	60,200	43	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	30,295	24,887,595	0.001217	4,794	6	58.00
59.00	05900 CARDIAC CATHETERIZATION	73,476	65,447,409	0.001123	68,203	77	59.00
60.00	06000 LABORATORY	199,921	122,907,801	0.001627	138,560	225	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,376	7,454,409	0.001124	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	62,029	37,427,751	0.001657	9,247	15	65.00
66.00	06600 PHYSICAL THERAPY	83,789	7,094,482	0.011810	8,108	96	66.00
67.00	06700 OCCUPATIONAL THERAPY	70,322	5,313,169	0.013235	5,210	69	67.00
68.00	06800 SPEECH PATHOLOGY	13,027	1,867,683	0.006975	1,570	11	68.00
69.00	06900 ELECTROCARDIOLOGY	5,063	17,555,773	0.000288	10,352	3	69.00
69.01	06901 CARDIAC REHAB	2,193	596,633	0.003676	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	12,825	28,551,810	0.000449	834	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,892	44,583,611	0.003227	15,806	51	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	162,778	30,397,573	0.005355	794	4	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	143,754	122,821,796	0.001170	173,598	203	73.00
74.00	07400 RENAL DIALYSIS	36,478	6,915,420	0.005275	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	493,855	20,497,887	0.024093	0	0	90.00
91.00	09100 EMERGENCY	236,358	63,412,996	0.003727	76,964	287	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,277,536	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,991,128	968,882,117		595,979	1,208	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
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
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	547,169	0	547,169	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	547,169	0	547,169	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	134,228,783	0.000000	0.000000	5,100	50.00
50.01	05001 ENDOSCOPY	0	18,482,384	0.000000	0.000000	4,586	50.01
51.00	05100 RECOVERY ROOM	0	9,646,080	0.000000	0.000000	888	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,224,893	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,036,446	0.000000	0.000000	6,719	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	14,458,276	0.000000	0.000000	2,319	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,637,878	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	11,699,610	0.000000	0.000000	2,127	56.00
57.00	05700 CT SCAN	0	94,456,433	0.000000	0.000000	60,200	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	24,887,595	0.000000	0.000000	4,794	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	65,447,409	0.000000	0.000000	68,203	59.00
60.00	06000 LABORATORY	0	122,907,801	0.000000	0.000000	138,560	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,454,409	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	37,427,751	0.000000	0.000000	9,247	65.00
66.00	06600 PHYSICAL THERAPY	0	7,094,482	0.000000	0.000000	8,108	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,313,169	0.000000	0.000000	5,210	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,867,683	0.000000	0.000000	1,570	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,555,773	0.000000	0.000000	10,352	69.00
69.01	06901 CARDIAC REHAB	0	596,633	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	28,551,810	0.000000	0.000000	834	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,583,611	0.000000	0.000000	15,806	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,397,573	0.000000	0.000000	794	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	122,821,796	0.000000	0.000000	173,598	73.00
74.00	07400 RENAL DIALYSIS	0	6,915,420	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	20,497,887	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	547,169	63,412,996	0.008629	0.008629	76,964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,277,536	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	547,169	968,882,117			595,979	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	664	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	664	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/24/2016 5:56 pm	
		Component CCN: 15T002		Title XVIII		Subprovider - IRF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	424,019	134,228,783	0.003159	90,695	287	50.00
50.01	05001 ENDOSCOPY	12,408	18,482,384	0.000671	60,317	40	50.01
51.00	05100 RECOVERY ROOM	104,766	9,646,080	0.010861	10,148	110	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	60,721	5,224,893	0.011621	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	351,916	33,036,446	0.010652	131,462	1,400	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	38,870	14,458,276	0.002688	44,755	120	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	89,578	15,637,878	0.005728	12,828	73	55.00
56.00	05600 RADIOISOTOPE	63,054	11,699,610	0.005389	33,518	181	56.00
57.00	05700 CT SCAN	67,365	94,456,433	0.000713	214,357	153	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	30,295	24,887,595	0.001217	140,046	170	58.00
59.00	05900 CARDIAC CATHETERIZATION	73,476	65,447,409	0.001123	100,582	113	59.00
60.00	06000 LABORATORY	199,921	122,907,801	0.001627	1,067,485	1,737	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,376	7,454,409	0.001124	40,687	46	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	62,029	37,427,751	0.001657	644,343	1,068	65.00
66.00	06600 PHYSICAL THERAPY	83,789	7,094,482	0.011810	2,723,822	32,168	66.00
67.00	06700 OCCUPATIONAL THERAPY	70,322	5,313,169	0.013235	2,512,649	33,255	67.00
68.00	06800 SPEECH PATHOLOGY	13,027	1,867,683	0.006975	258,160	1,801	68.00
69.00	06900 ELECTROCARDIOLOGY	5,063	17,555,773	0.000288	31,685	9	69.00
69.01	06901 CARDIAC REHAB	2,193	596,633	0.003676	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	12,825	28,551,810	0.000449	19,090	9	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	143,892	44,583,611	0.003227	210,742	680	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	162,778	30,397,573	0.005355	10,561	57	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	143,754	122,821,796	0.001170	4,108,943	4,807	73.00
74.00	07400 RENAL DIALYSIS	36,478	6,915,420	0.005275	436,428	2,302	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	493,855	20,497,887	0.024093	8,568	206	90.00
91.00	09100 EMERGENCY	236,358	63,412,996	0.003727	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,277,536	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	2,991,128	968,882,117		12,911,871	80,792	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
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	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	547,169	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	547,169	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	134,228,783	0.000000	0.000000	90,695	50.00
50.01	05001 ENDOSCOPY	0	18,482,384	0.000000	0.000000	60,317	50.01
51.00	05100 RECOVERY ROOM	0	9,646,080	0.000000	0.000000	10,148	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,224,893	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,036,446	0.000000	0.000000	131,462	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	14,458,276	0.000000	0.000000	44,755	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,637,878	0.000000	0.000000	12,828	55.00
56.00	05600 RADIOISOTOPE	0	11,699,610	0.000000	0.000000	33,518	56.00
57.00	05700 CT SCAN	0	94,456,433	0.000000	0.000000	214,357	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	24,887,595	0.000000	0.000000	140,046	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	65,447,409	0.000000	0.000000	100,582	59.00
60.00	06000 LABORATORY	0	122,907,801	0.000000	0.000000	1,067,485	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,454,409	0.000000	0.000000	40,687	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	37,427,751	0.000000	0.000000	644,343	65.00
66.00	06600 PHYSICAL THERAPY	0	7,094,482	0.000000	0.000000	2,723,822	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,313,169	0.000000	0.000000	2,512,649	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,867,683	0.000000	0.000000	258,160	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,555,773	0.000000	0.000000	31,685	69.00
69.01	06901 CARDIAC REHAB	0	596,633	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	28,551,810	0.000000	0.000000	19,090	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,583,611	0.000000	0.000000	210,742	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,397,573	0.000000	0.000000	10,561	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	122,821,796	0.000000	0.000000	4,108,943	73.00
74.00	07400 RENAL DIALYSIS	0	6,915,420	0.000000	0.000000	436,428	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	20,497,887	0.000000	0.000000	8,568	90.00
91.00	09100 EMERGENCY	547,169	63,412,996	0.008629	0.008629	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	24,277,536	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	547,169	968,882,117			12,911,871	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 5:56 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	411	0	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0	655	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	1,066	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:56 pm
		Component CCN: 15T002	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.102896	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.220793	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.257188	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.917368	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245968	411	0	0	101	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.183748	655	0	0	120	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155603	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.198512	0	0	0	0	56.00
57.00	05700	CT SCAN	0.034980	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041995	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089599	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117151	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126797	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.380115	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398791	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.374218	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072239	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	1.567806	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057265	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.608947	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174650	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.343479	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.441496	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.235198	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,066	0	0	221	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,066	0	0	221	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 5:56 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 RADIOLOGY - ULTRASOUND	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
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
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 5:56 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		97,645	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		97,645	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)		80,347	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)		35,589	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		71,416,430	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)		71,416,430	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		71,416,430	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		731.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,029,439	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)		26,029,439	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,347,770	8,379	1,473.66	4,143	6,105,373	43.00
43.01	NEONATAL ICU	3,655,109	3,028	1,207.10	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,230,448	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,365,260	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)					926,284	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					620,863	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,547,147	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,818,113	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)					17,298	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					731.39	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,651,584	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 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	2,299,399	71,416,430	0.032197	12,651,584	407,343	90.00
91.00	Nursing School cost	0	71,416,430	0.000000	12,651,584	0	91.00
92.00	Allied health cost	0	71,416,430	0.000000	12,651,584	0	92.00
93.00	All other Medical Education	0	71,416,430	0.000000	12,651,584	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,506	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,506	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)		1,506	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)		546	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,249,094	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)		1,249,094	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,249,094	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		829.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		452,858	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)		452,858	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S002				Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL ICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					91,311		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					544,169		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)					10,358		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,872		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					12,230		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					531,939		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
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: 150002 Component CCN: 15S002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	28,570	1,249,094	0.022873	0	0	90.00
91.00	Nursing School cost	0	1,249,094	0.000000	0	0	91.00
92.00	Allied health cost	0	1,249,094	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,249,094	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,538	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)		10,538	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)		7,566	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,093,334	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)		7,093,334	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,093,334	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		673.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,092,826	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)		5,092,826	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T002				Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL ICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,406,421	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,499,247	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)					164,863	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					80,792	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					245,655	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,253,592	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: 150002 Component CCN: 15T002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	229,594	7,093,334	0.032368	0	0	90.00
91.00	Nursing School cost	0	7,093,334	0.000000	0	0	91.00
92.00	Allied health cost	0	7,093,334	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,093,334	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/24/2016 5:56 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		97,645	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		97,645	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)		80,347	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)		8,498	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)		2,874	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		71,416,430	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)		71,416,430	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		71,416,430	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		731.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,215,352	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)		6,215,352	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,276,585	2,874	792.13	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,347,770	8,379	1,473.66	0	0	43.00
43.01	NEONATAL ICU	3,655,109	3,028	1,207.10	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,607,297	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,822,649	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					17,298	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					731.39	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					12,651,584	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,299,399	71,416,430	0.032197	12,651,584	407,343	90.00
91.00	Nursing School cost	0	71,416,430	0.000000	12,651,584	0	91.00
92.00	Allied health cost	0	71,416,430	0.000000	12,651,584	0	92.00
93.00	All other Medical Education	0	71,416,430	0.000000	12,651,584	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/24/2016 5:56 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,506	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,506	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)		1,506	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)		184	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)		2,874	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,249,094	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)		1,249,094	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,249,094	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		829.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		152,611	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)		152,611	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S002				Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL ICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					49,077		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					201,688		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
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: 150002 Component CCN: 15S002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	28,570	1,249,094	0.022873	0	0	90.00
91.00	Nursing School cost	0	1,249,094	0.000000	0	0	91.00
92.00	Allied health cost	0	1,249,094	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,249,094	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/24/2016 5:56 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,538	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)		10,538	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)		259	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)		2,874	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,093,334	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)		7,093,334	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,093,334	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		673.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		174,338	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)		174,338	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T002		Date/Time Prepared: 5/24/2016 5:56 pm			
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL ICU	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					210,060		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					384,398		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
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: 150002 Component CCN: 15T002		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	229,594	7,093,334	0.032368	0	0	90.00
91.00	Nursing School cost	0	7,093,334	0.000000	0	0	91.00
92.00	Allied health cost	0	7,093,334	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,093,334	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		33,194,723	30.00
31.00	03100	INTENSIVE CARE UNIT		7,518,687	31.00
31.01	03101	NEONATAL ICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102896	35,196,506	50.00
50.01	05001	ENDOSCOPY	0.220793	2,430,252	50.01
51.00	05100	RECOVERY ROOM	0.257188	1,672,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.917368	41,456	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245968	4,620,901	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.183748	2,209,288	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155603	417,795	55.00
56.00	05600	RADIOISOTOPE	0.198512	2,645,910	56.00
57.00	05700	CT SCAN	0.034980	15,547,730	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041995	4,203,081	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089599	14,824,534	59.00
60.00	06000	LABORATORY	0.117151	25,850,505	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	2,105,112	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126797	15,999,457	65.00
66.00	06600	PHYSICAL THERAPY	0.380115	1,716,451	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398791	886,765	67.00
68.00	06800	SPEECH PATHOLOGY	0.374218	711,141	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072239	4,531,670	69.00
69.01	06901	CARDIAC REHAB	1.567806	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057265	1,855,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	9,404,785	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.608947	8,244,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174650	45,319,593	73.00
74.00	07400	RENAL DIALYSIS	0.343479	3,854,318	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.441496	178,857	90.00
91.00	09100	EMERGENCY	0.235198	9,917,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		214,385,136	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		214,385,136	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		715,107		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.102896	5,100	525	50.00
50.01	05001 ENDOSCOPY	0.220793	4,586	1,013	50.01
51.00	05100 RECOVERY ROOM	0.257188	888	228	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.917368	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245968	6,719	1,653	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.183748	2,319	426	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155603	0	0	55.00
56.00	05600 RADIOISOTOPE	0.198512	2,127	422	56.00
57.00	05700 CT SCAN	0.034980	60,200	2,106	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041995	4,794	201	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089599	68,203	6,111	59.00
60.00	06000 LABORATORY	0.117151	138,560	16,232	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126797	9,247	1,172	65.00
66.00	06600 PHYSICAL THERAPY	0.380115	8,108	3,082	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.398791	5,210	2,078	67.00
68.00	06800 SPEECH PATHOLOGY	0.374218	1,570	588	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072239	10,352	748	69.00
69.01	06901 CARDIAC REHAB	1.567806	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.057265	834	48	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	15,806	5,773	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.608947	794	484	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174650	173,598	30,319	73.00
74.00	07400 RENAL DIALYSIS	0.343479	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.441496	0	0	90.00
91.00	09100 EMERGENCY	0.235198	76,964	18,102	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		595,979	91,311	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)		595,979		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,581,918		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.102896	90,695	9,332	50.00
50.01	05001 ENDOSCOPY	0.220793	60,317	13,318	50.01
51.00	05100 RECOVERY ROOM	0.257188	10,148	2,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.917368	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245968	131,462	32,335	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.183748	44,755	8,224	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155603	12,828	1,996	55.00
56.00	05600 RADIOISOTOPE	0.198512	33,518	6,654	56.00
57.00	05700 CT SCAN	0.034980	214,357	7,498	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041995	140,046	5,881	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089599	100,582	9,012	59.00
60.00	06000 LABORATORY	0.117151	1,067,485	125,057	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	40,687	10,710	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126797	644,343	81,701	65.00
66.00	06600 PHYSICAL THERAPY	0.380115	2,723,822	1,035,366	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.398791	2,512,649	1,002,022	67.00
68.00	06800 SPEECH PATHOLOGY	0.374218	258,160	96,608	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072239	31,685	2,289	69.00
69.01	06901 CARDIAC REHAB	1.567806	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.057265	19,090	1,093	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	210,742	76,970	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.608947	10,561	6,431	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174650	4,108,943	717,627	73.00
74.00	07400 RENAL DIALYSIS	0.343479	436,428	149,904	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.441496	8,568	3,783	90.00
91.00	09100 EMERGENCY	0.235198	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		12,911,871	3,406,421	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)		12,911,871		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 5:56 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,382,622	30.00
31.00	03100	INTENSIVE CARE UNIT		947,152	31.00
31.01	03101	NEONATAL ICU		1,661,183	31.01
40.00	04000	SUBPROVIDER - I PF		138	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		531,835	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102896	7,723,932	50.00
50.01	05001	ENDOSCOPY	0.220793	360,819	50.01
51.00	05100	RECOVERY ROOM	0.257188	497,102	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.917368	1,057,764	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245968	571,806	54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.183748	438,806	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155603	88,736	55.00
56.00	05600	RADIOISOTOPE	0.198512	402,882	56.00
57.00	05700	CT SCAN	0.034980	2,567,723	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041995	609,988	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089599	2,003,502	59.00
60.00	06000	LABORATORY	0.117151	4,899,963	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	87,078	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.126797	2,383,470	65.00
66.00	06600	PHYSICAL THERAPY	0.380115	263,362	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398791	177,167	67.00
68.00	06800	SPEECH PATHOLOGY	0.374218	77,946	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072239	635,607	69.00
69.01	06901	CARDIAC REHAB	1.567806	9,661	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057265	680,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.608947	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174650	7,375,081	73.00
74.00	07400	RENAL DIALYSIS	0.343479	285,669	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.441496	19,700	90.00
91.00	09100	EMERGENCY	0.235198	1,830,873	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		35,049,523	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		35,049,523	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NEONATAL ICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		431,657		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.102896	0	0	50.00
50.01	05001 ENDOSCOPY	0.220793	0	0	50.01
51.00	05100 RECOVERY ROOM	0.257188	158	41	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.917368	9,310	8,541	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.245968	7,575	1,863	54.00
54.01	05401 RADIOLOGY - ULTRASOUND	0.183748	1,967	361	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.155603	0	0	55.00
56.00	05600 RADIOISOTOPE	0.198512	0	0	56.00
57.00	05700 CT SCAN	0.034980	5,725	200	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.041995	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089599	0	0	59.00
60.00	06000 LABORATORY	0.117151	86,771	10,165	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.126797	4,971	630	65.00
66.00	06600 PHYSICAL THERAPY	0.380115	2,896	1,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.398791	1,279	510	67.00
68.00	06800 SPEECH PATHOLOGY	0.374218	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072239	2,432	176	69.00
69.01	06901 CARDIAC REHAB	1.567806	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.057265	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	3,087	1,127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.608947	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.174650	77,052	13,457	73.00
74.00	07400 RENAL DIALYSIS	0.343479	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.441496	0	0	90.00
91.00	09100 EMERGENCY	0.235198	46,364	10,905	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		249,587	49,077	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)		249,587	49,077	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL ICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		365,655	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.102896	8,498	874 50.00
50.01	05001	ENDOSCOPY	0.220793	1,682	371 50.01
51.00	05100	RECOVERY ROOM	0.257188	1,805	464 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.917368	3,732	3,424 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.245968	12,733	3,132 54.00
54.01	05401	RADIOLOGY - ULTRASOUND	0.183748	2,745	504 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.155603	0	0 55.00
56.00	05600	RADIOISOTOPE	0.198512	2,749	546 56.00
57.00	05700	CT SCAN	0.034980	12,456	436 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.041995	13,454	565 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089599	0	0 59.00
60.00	06000	LABORATORY	0.117151	84,119	9,855 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.263240	987	260 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.126797	30,773	3,902 65.00
66.00	06600	PHYSICAL THERAPY	0.380115	180,232	68,509 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.398791	160,153	63,868 67.00
68.00	06800	SPEECH PATHOLOGY	0.374218	19,564	7,321 68.00
69.00	06900	ELECTROCARDIOLOGY	0.072239	1,055	76 69.00
69.01	06901	CARDIAC REHAB	1.567806	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.057265	905	52 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.365234	12,245	4,472 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.608947	820	499 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.174650	192,335	33,591 73.00
74.00	07400	RENAL DIALYSIS	0.343479	21,368	7,339 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.441496	0	0 90.00
91.00	09100	EMERGENCY	0.235198	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.521123	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		764,410	210,060 200.00
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)		764,410	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		39,359,028	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,211,545	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,571,513	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		3,982,451	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		390.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		8.53	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		3.00	12.00
13.00	Total allowable FTE count for the prior year.		3.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		3.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		3.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.007680	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.007565	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.007565	21.00
22.00	IME payment adjustment (see instructions)		216,959	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		16,436	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-5.53	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		216,959	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		16,436	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.47	31.00
32.00	Sum of lines 30 and 31		40.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.54	33.00
34.00	Disproportionate share adjustment (see instructions)		2,962,352	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000864995	0.000869767	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,615,171	5,571,856	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,947,784	1,400,575	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		6,348,359		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		64,669,756		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		64,686,192		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,595,635		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		75,369		52.00
53.00	Nursing and Allied Health Managed Care payment		25,454		53.00
54.00	Special add-on payments for new technologies		22,196		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		85,575		58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,490,421		59.00
60.00	Primary payer payments		28,669		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,461,752		61.00
62.00	Deductibles billed to program beneficiaries		5,012,028		62.00
63.00	Coinurance billed to program beneficiaries		1,029,947		63.00
64.00	Allowable bad debts (see instructions)		1,391,750		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		904,638		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		551,146		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		64,324,415		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		122,896		70.93
70.94	HRR adjustment amount (see instructions)		-1,057,192		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		683,698		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		62,706,421		71.00
71.01	Sequestration adjustment (see instructions)		1,254,128		71.01
72.00	Interim payments		60,151,250		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		1,301,043		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		20,045,464		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 5:56 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	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	39,359,028	0	39,359,028	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,211,545	0	0	13,211,545	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	2,571,513	0	1,928,941	642,572	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	3,982,451	0	2,954,663	1,027,788	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007565	0.007565	0.007565	0.007565	5.00
6.00	IME payment adjustment (see instructions)	22.00	216,959	0	162,435	54,524	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,436	0	12,194	4,242	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	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	216,959	0	162,435	54,524	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,436	0	12,194	4,242	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2254	0.2254	0.2254	0.2254	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,962,352	0	2,217,881	744,471	11.00
11.01	Uncompensated care payments	36.00	6,348,359	0	6,183,970	1,662,829	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,669,756	0	48,353,815	16,315,941	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	64,686,192	0	48,366,009	16,320,183	15.00
16.00	Payment for inpatient program capital	50.00	4,595,635	0	3,437,799	1,157,836	16.00
17.00	Special add-on payments for new technologies	54.00	22,196	0	21,161	1,036	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150002

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 5:56 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	51,824,969	17,479,055	69,304,024	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	4,206,864	0	3,147,111	1,059,753	4,206,864	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	16,043	0	16,043	4,189	20,232	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	0.0034	0.0034	0.0034	0.0034		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	14,303	0	10,700	3,603	14,303	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0852	0.0852	0.0852	0.0852		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	358,425	0	268,134	90,291	358,425	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,595,635	0	3,437,799	1,157,836	4,595,635	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: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 5:56 pm
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		Title XVIII			Hospital		PPS
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	39,359,028	39,359,028		39,359,028	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,211,545		13,211,545	13,211,545	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	
2.00	Outlier payments for discharges (see instructions)	2.00	2,571,513	1,928,941	642,572	2,571,513	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	
4.00	Managed care simulated payments	3.00	3,982,451	2,954,663	1,027,788	3,982,451	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.007565	0.007565	0.007565		
6.00	IME payment adjustment (see instructions)	22.00	216,959	162,435	54,524	216,959	
6.01	IME payment adjustment for managed care (see instructions)	22.01	16,436	12,194	4,242	16,436	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	216,959	162,435	54,524	216,959	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	16,436	12,194	4,242	16,436	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2254	0.2254	0.2254		
11.00	Disproportionate share adjustment (see instructions)	34.00	2,962,352	2,217,881	744,471	2,962,352	
11.01	Uncompensated care payments	36.00	6,348,359	4,947,784	1,400,575	6,348,359	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	
13.00	Subtotal (see instructions)	47.00	64,669,756	48,616,069	16,053,687	64,669,756	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,686,192	48,628,263	16,057,929	64,686,192	
16.00	Payment for inpatient program capital	50.00	4,595,635	3,441,988	1,153,647	4,595,635	
17.00	Special add-on payments for new technologies	54.00	22,196	21,160	1,036	22,196	
17.01	Net organ acquisition cost	55.00	0	0	0	0	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	
19.00	SUBTOTAL			52,091,411	17,212,612	69,304,023	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 5:56 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	4,206,864	3,147,111	1,059,753	4,206,864	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	16,043	16,043	0	16,043	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0034	0.0034	0.0034		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	14,303	10,700	3,603	14,303	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0852	0.0852	0.0852		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	358,425	268,134	90,291	358,425	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,595,635	3,441,988	1,153,647	4,595,635	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	122,896	76,567	46,329	122,896	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	-1,057,192	-779,727	-277,465	-1,057,192	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		513,883	169,815	683,698	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,274	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,992,032	2.00
3.00	PPS payments		20,520,637	3.00
4.00	Outlier payment (see instructions)		210,936	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		76,913	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,274	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		41,612	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)		41,612	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		41,612	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		34,338	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)		7,274	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)		20,808,486	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,040,399	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)		16,775,361	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		22,422	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)		16,797,783	30.00
31.00	Primary payer payments		54,997	31.00
32.00	Subtotal (line 30 minus line 31)		16,742,786	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,451,047	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		943,181	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,008,721	36.00
37.00	Subtotal (see instructions)		17,685,967	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-23	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)		17,685,990	40.00
40.01	Sequestration adjustment (see instructions)		353,720	40.01
41.00	Interim payments		17,021,394	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		310,876	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 5:56 pm
		Component CCN: 15T002	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		221	2.00
3.00	PPS payments		146	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		146	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		33	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)		113	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		113	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		113	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		113	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)		113	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		111	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 5:56 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		59,546,271		16,306,796	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2015	604,979	12/31/2015	714,598	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		604,979		714,598	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)		60,151,250		17,021,394	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,301,043		310,876	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		61,452,293		17,332,270	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002
Component CCN: 15S002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		433,869		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		433,869		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		6,112		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		439,981		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002
Component CCN: 15T002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		9,384,097		111	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,384,097		111	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		84,608		0	6.02
7.00	Total Medicare program liability (see instructions)		9,299,489		111	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS
		1.00		
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		16,026	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		39,732	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,385	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		91,754	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,073,464,141	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		60,528,919	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 5/24/2016 5:56 pm
		Component CCN: 15S002	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		466,860	1.00
2.00	Net IPF PPS Outlier Payments		42,328	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.126027	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		509,188	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		509,188	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		509,188	18.00
19.00	Deductibles		63,000	19.00
20.00	Subtotal (line 18 minus line 19)		446,188	20.00
21.00	Coinsurance		3,465	21.00
22.00	Subtotal (line 20 minus line 21)		442,723	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,574	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,573	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		448,296	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		664	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		448,960	31.00
31.01	Sequestration adjustment (see instructions)		8,979	31.01
32.00	Interim payments		433,869	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		6,112	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		42,328	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVII I	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			8,949,642 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0666 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			415,263 3.00
4.00	Outlier Payments			226,689 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			28.871233 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			9,591,594 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)			9,591,594 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			9,591,594 19.00
20.00	Deductibles			33,888 20.00
21.00	Subtotal (line 19 minus line 20)			9,557,706 21.00
22.00	Coinsurance			99,679 22.00
23.00	Subtotal (line 21 minus line 22)			9,458,027 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			48,073 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			31,247 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			15,120 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,489,274 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,489,274 32.00
32.01	Sequestration adjustment (see instructions)			189,785 32.01
33.00	Interim payments			9,384,097 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)			-84,608 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			145,756 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			226,689 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		11,822,649		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		11,822,649	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		11,822,649	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		8,522,930		8.00
9.00	Ancillary service charges		35,049,523	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		43,572,453	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		43,572,453	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		31,749,804	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		11,822,649	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		11,822,649	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		11,822,649	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		11,822,649	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		11,822,649	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		11,822,649	0	40.00
41.00	Interim payments		13,593,705	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1,771,056	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 5:56 pm
		Title XIX	Subprovider - IPF	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	201,688		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	201,688	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	201,688	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	431,657		8.00
9.00	Ancillary service charges	249,587	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	681,244	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	681,244	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	479,556	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	201,688	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	201,688	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	201,688	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	201,688	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	201,688	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	201,688	0	40.00
41.00	Interim payments	453,272	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-251,584	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 5:56 pm
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	384,398		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	384,398	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	384,398	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	365,655		8.00
9.00	Ancillary service charges	764,410	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,130,065	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,130,065	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	745,667	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	384,398	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	384,398	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	384,398	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	384,398	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	384,398	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	384,398	0	40.00
41.00	Interim payments	561,402	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	-177,004	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 5:56 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.00	6.00
7.00	Enter the lesser of line 5 or line 6			3.00	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	2.42	2.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	2.42	2.42	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	2.42		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.54		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.49		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	2.49		17.00
18.00	Per resident amount	80,404.81	80,404.81		18.00
19.00	Approved amount for resident costs	0	200,208	200,208	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	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)			200,208	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,844	3,385		26.00
27.00	Total Inpatient Days (see instructions)	103,902	103,902		27.00
28.00	Ratio of inpatient days to total inpatient days	0.460472	0.032579		28.00
29.00	Program direct GME amount	92,190	6,523		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		922		30.00
31.00	Net Program direct GME amount			97,791	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,915,420	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		77,408,676	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)		28,669	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		77,380,007	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,076,440	42.00
43.00	Primary payer payments (see instructions)		56,174	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,020,266	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		100,400,273	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.770715	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.229285	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		97,791	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		75,369	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		22,422	50.00

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

Provider CCN: 150002

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

Worksheet G

Date/Time Prepared:
5/24/2016 5:56 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,279,010	0	0	0	1.00
2.00	Temporary investments	7,916,844	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,825,667	0	0	0	4.00
5.00	Other receivable	9,078,768	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	14,678,285	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)	94,778,574	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,745,499	0	0	0	12.00
13.00	Land improvements	6,370,152	0	0	0	13.00
14.00	Accumulated depreciation	-318,813,935	0	0	0	14.00
15.00	Buildings	248,481,929	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	8,493,123	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	150,734,901	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	25,742,129	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	124,753,798	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	141,024,711	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,777,324	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	146,802,035	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	366,334,407	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,201,781	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,256,749	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,804,823	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,263,353	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	68,251,438	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	32,009,576	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	100,261,014	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	134,524,367	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	231,810,040				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	231,810,040	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	366,334,407	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150002

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 5:56 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		230,103,670		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,661,368			2.00
3.00	Total (sum of line 1 and line 2)		231,765,038		0	3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N	45,002		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		45,002		0	10.00
11.00	Subtotal (line 3 plus line 10)		231,810,040		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		231,810,040		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	INCREASE IN TEMPORARILY RESTRICTED N		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150002

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 5:56 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	70,721,541		70,721,541	1.00
2.00	SUBPROVIDER - IPF	1,984,549		1,984,549	2.00
3.00	SUBPROVIDER - IRF	7,786,843		7,786,843	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	80,492,933		80,492,933	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,276,741		15,276,741	11.00
11.01	NEONATAL ICU	5,478,673		5,478,673	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,755,414		20,755,414	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,248,347		101,248,347	17.00
18.00	Ancillary services	483,630,743	377,062,952	860,693,695	18.00
19.00	Outpatient services	24,187,670	84,000,749	108,188,419	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		3,333,677	3,333,677	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN	0	44,052,934	44,052,934	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	609,066,760	508,450,312	1,117,517,072	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		320,811,026		29.00
30.00	MEDI CAID ASSESSMENT FEE	11,145,387			30.00
31.00	FOUNDATION	220,847			31.00
32.00	AUDIT ADJUSTMENT	62,901			32.00
33.00	ROUNDING	89,821			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		11,518,956		36.00
37.00	AUDIT ADJUSTMENT	2,328,555			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)		2,328,555		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		330,001,427		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150002

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 5:56 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,117,517,072	1.00
2.00	Less contractual allowances and discounts on patients' accounts	837,526,042	2.00
3.00	Net patient revenues (line 1 minus line 2)	279,991,030	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	330,001,427	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-50,010,397	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-1,459,365	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,538,803	24.00
24.01	MEDICAID DSH REVENUE	50,873,132	24.01
24.02	NET ASSETS RELEASED FROM RESTRICTION	98,841	24.02
24.03	NONOPERATING INCOME	35,000	24.03
25.00	Total other income (sum of lines 6-24)	54,086,411	25.00
26.00	Total (line 5 plus line 25)	4,076,014	26.00
27.00	PENSION-RELATED CHANGES	2,414,646	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,414,646	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,661,368	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150002

Period: From 01/01/2015

Worksheet H

HHA CCN: 157536

To 12/31/2015

Date/Time Prepared: 5/24/2016 5:56 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	382,223	0	0	0	0	382,223	5.00
HHA REIMBURSABLE SERVICES							
6.00	786,395	0	0	0	341,889	1,128,284	6.00
7.00	441,293	0	0	0	0	441,293	7.00
8.00	103,535	0	0	0	0	103,535	8.00
9.00	43,400	0	0	0	0	43,400	9.00
10.00	1,446	0	0	0	0	1,446	10.00
11.00	78,551	0	0	0	0	78,551	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,836,843	0	0	0	341,889	2,178,732	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-10,883	371,340	0	371,340			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,128,284	0	1,128,284			6.00
7.00	0	441,293	0	441,293			7.00
8.00	0	103,535	0	103,535			8.00
9.00	0	43,400	0	43,400			9.00
10.00	0	1,446	0	1,446			10.00
11.00	0	78,551	0	78,551			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-10,883	2,167,849	0	2,167,849			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/24/2016 5:56 pm
		HHA CCN: 157536	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	371,340	0	0	0	371,340	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,128,284	0	0	0	1,128,284	6.00	
7.00	Physical Therapy	441,293	0	0	0	441,293	7.00	
8.00	Occupational Therapy	103,535	0	0	0	103,535	8.00	
9.00	Speech Pathology	43,400	0	0	0	43,400	9.00	
10.00	Medical Social Services	1,446	0	0	0	1,446	10.00	
11.00	Home Health Aide	78,551	0	0	0	78,551	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	2,167,849	0	0	0	2,167,849	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	371,340					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	233,216	1,361,500				6.00	
7.00	Physical Therapy	91,216	532,509				7.00	
8.00	Occupational Therapy	21,401	124,936				8.00	
9.00	Speech Pathology	8,971	52,371				9.00	
10.00	Medical Social Services	299	1,745				10.00	
11.00	Home Health Aide	16,237	94,788				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		2,167,849				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 5/24/2016 5:56 pm PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-371,340	1,796,509
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,128,284	6.00
7.00	Physical Therapy	0	0	0	0	441,293	7.00
8.00	Occupational Therapy	0	0	0	0	103,535	8.00
9.00	Speech Pathology	0	0	0	0	43,400	9.00
10.00	Medical Social Services	0	0	0	0	1,446	10.00
11.00	Home Health Aide	0	0	0	0	78,551	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-371,340	1,796,509
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		371,340
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.206701

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157536

To 12/31/2015

Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
		BLDG & FIXT					
	0	1.00	4.00	5.01	5.02	5.03	
1.00 Administrative and General	0	0	330,806	0	7,715	0	1.00
2.00 Skilled Nursing Care	1,361,500	0	0	0	0	0	2.00
3.00 Physical Therapy	532,509	0	0	0	0	0	3.00
4.00 Occupational Therapy	124,936	0	0	0	0	0	4.00
5.00 Speech Pathology	52,371	0	0	0	0	0	5.00
6.00 Medical Social Services	1,745	0	0	0	0	0	6.00
7.00 Home Health Aide	94,788	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,167,849	0	330,806	0	7,715	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER A&G	PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.04	5A.04	5.05	5.06	7.00	8.00	
1.00 Administrative and General	0	338,521	50,181	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,361,500	201,825	0	0	0	2.00
3.00 Physical Therapy	0	532,509	78,938	0	0	0	3.00
4.00 Occupational Therapy	0	124,936	18,520	0	0	0	4.00
5.00 Speech Pathology	0	52,371	7,763	0	0	0	5.00
6.00 Medical Social Services	0	1,745	259	0	0	0	6.00
7.00 Home Health Aide	0	94,788	14,051	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	2,506,370	371,537	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157536

To 12/31/2015

Part I
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	1,465	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	1,465	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS
		16.00	17.00	17.01	17.02	21.00	22.00	
1.00	Administrative and General	13,715	0	4,016	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	13,715	0	4,016	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157536

To 12/31/2015

Part I
Date/Time Prepared:
5/24/2016 5:56 pm

Home Health Agency I

PPS

Cost Center Description	PARAMED ED PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	407,898	0	407,898			1.00
2.00 Skilled Nursing Care	0	1,563,325	0	1,563,325	256,177	1,819,502	2.00
3.00 Physical Therapy	0	611,447	0	611,447	100,196	711,643	3.00
4.00 Occupational Therapy	0	143,456	0	143,456	23,508	166,964	4.00
5.00 Speech Pathology	0	60,134	0	60,134	9,854	69,988	5.00
6.00 Medical Social Services	0	2,004	0	2,004	328	2,332	6.00
7.00 Home Health Aide	0	108,839	0	108,839	17,835	126,674	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	2,897,103	0	2,897,103	407,898	2,897,103	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.163867		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING RECEIVING AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)							
	1.00	4.00						
1.00 Administrative and General	0	1,832,997	0	0	87,934	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,832,997	0	0	87,934	0	0	20.00
21.00 Total cost to be allocated	0	330,806	0	0	7,715	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.180473	0.000000	0.000000	0.087736	0.000000	0.000000	22.00
Cost Center Description	Reconciliation		OTHER A&G (ACCUM. COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5A.05	5.05		5.06	7.00	8.00	9.00	
1.00 Administrative and General	0	338,521	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,361,500	0	0	0	0	0	2.00
3.00 Physical Therapy	0	532,509	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	124,936	0	0	0	0	0	4.00
5.00 Speech Pathology	0	52,371	0	0	0	0	0	5.00
6.00 Medical Social Services	0	1,745	0	0	0	0	0	6.00
7.00 Home Health Aide	0	94,788	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	2,506,370	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	371,537	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.148237	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150002
HHA CCN: 157536

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2016 5:56 pm

Home Health Agency I

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	24,627	3,333,677	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	24,627	3,333,677	20.00
21.00	Total cost to be allocated	0	0	0	0	1,465	13,715	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.059488	0.004114	22.00
Cost Center Description		SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PROGRAM (ASSIGNED TIME)	
					SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	17.01	17.02	21.00	22.00	23.00	
1.00	Administrative and General	0	997	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	997	0	0	0	0	20.00
21.00	Total cost to be allocated	0	4,016	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	4.028084	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150002 HHA CCN: 157536		Period: From 01/01/2015 To 12/31/2015		Worksheet H-3 Part I Date/Time Prepared: 5/24/2016 5:56 pm	
				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	1,819,502		1,819,502	10,783	168.74		1.00
2.00	Physical Therapy	3.00	711,643	0	711,643	5,661	125.71		2.00
3.00	Occupational Therapy	4.00	166,964	0	166,964	1,213	137.65		3.00
4.00	Speech Pathology	5.00	69,988	0	69,988	293	238.87		4.00
5.00	Medical Social Services	6.00	2,332		2,332	12	194.33		5.00
6.00	Home Health Aide	7.00	126,674		126,674	1,949	64.99		6.00
7.00	Total (sum of lines 1-6)		2,897,103	0	2,897,103	19,911			7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00		4.00		5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		23844	0	4,503				8.00
9.00	Physical Therapy		23844	0	3,096				9.00
10.00	Occupational Therapy		23844	0	615				10.00
11.00	Speech Pathology		23844	0	125				11.00
12.00	Medical Social Services		23844	0	9				12.00
13.00	Home Health Aide		23844	0	1,284				13.00
14.00	Total (sum of lines 8-13)			0	9,632				14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000		15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		16.00
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	4,503		0	759,836			1.00
2.00	Physical Therapy	0	3,096		0	389,198			2.00
3.00	Occupational Therapy	0	615		0	84,655			3.00
4.00	Speech Pathology	0	125		0	29,859			4.00
5.00	Medical Social Services	0	9		0	1,749			5.00
6.00	Home Health Aide	0	1,284		0	83,447			6.00
7.00	Total (sum of lines 1-6)	0	9,632		0	1,348,744			7.00
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
9.00	Physical Therapy								9.00
10.00	Occupational Therapy								10.00
11.00	Speech Pathology								11.00
12.00	Medical Social Services								12.00
13.00	Home Health Aide								13.00
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150002 HHA CCN: 157536		Period: From 01/01/2015 To 12/31/2015		Worksheet H-3 Part I Date/Time Prepared: 5/24/2016 5:56 pm		
		Title XVII I		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	759,836					1.00	
2.00	Physical Therapy	389,198					2.00	
3.00	Occupational Therapy	84,655					3.00	
4.00	Speech Pathology	29,859					4.00	
5.00	Medical Social Services	1,749					5.00	
6.00	Home Health Aide	83,447					6.00	
7.00	Total (sum of lines 1-6)	1,348,744					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/24/2016 5:56 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.380115	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.398791	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.374218	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.365234	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.174650	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-11 Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,177	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-1,177
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,471,892
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	23,257
13.00	Total PPS Reimbursement - LUPA Episodes		0	24,653
14.00	Total PPS Reimbursement - PEP Episodes		0	43,447
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,535
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	2,112
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,569,719
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,569,719
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,569,719
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,569,719
30.00	OTHER PS&R ADJUSTMENTS		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,569,719
31.01	Sequestration adjustment (see instructions)		0	31,394
32.00	Interim payments (see instructions)		0	1,538,325
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet H-5
	HHA CCN: 157536	Home Health Agency I	Date/Time Prepared: 5/24/2016 5:56 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,538,325	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,538,325	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,538,325	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150002	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 5:56 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,206,864	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		16,043	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		251.67	3.00
4.00	Number of interns & residents (see instructions)		3.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.34	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		14,303	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.47	8.00
9.00	Sum of lines 7 and 8		40.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.52	10.00
11.00	Disproportionate share adjustment (see instructions)		358,425	11.00
12.00	Total prospective capital payments (see instructions)		4,595,635	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00