

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: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 3/29/2016 11:40 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 3/29/2016 Time: 11:40 am	
	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 FRANCISCAN ST MARGARET-HAMMOND ( 150004 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	488,496	355,790	439,956	0	1.00
2.00 Subprovider - IPF	0	44,494	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	532,990	355,790	439,956	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/29/2016 11:37 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 5454 HOMAN AVENUE			PO Box:							
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE			
		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		FRANCISCAN ST MARGARET-HAMMOND		150004	23844	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		FRANCISCAN ST MARGARET - HAMMOND PSY		155004	23844	4	01/01/2002	N	P	P
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		FRANCISCAN ST MARGARET - HAMMOND HHA		157145	23844		04/11/1985	N	P	N
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other		FRANCISCAN ST MARGARET - HAMMOND HMD		147302	23844		04/11/1985			
							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)							1		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				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.			612	72	1,620	1,396	2,965	19		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/29/2016 11:37 am				
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00		
		Urban/Rural		S		Date of Geogr				
		1.00		2.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00		
		Beginning:		Ending:						
		1.00		2.00						
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00		
		Y/N		Y/N						
		1.00		2.00						
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00		
		V		XVI		XI				
		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				
		1.00		2.00		3.00				
						IME				
						Direct GME				
						4.00				
						5.00				
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					N		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

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																		
	1.00	2.00	3.00	4.00	5.00																																		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00																																
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																																		
			1.00	2.00	3.00																																		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010																																							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00																																
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))																																		
	1.00	2.00	3.00	4.00	5.00																																		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00																																
<table border="1"> <thead> <tr> <th></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> </tr> </thead> <tbody> <tr> <td>70.00</td> <td colspan="2">Inpatient Psychiatric Facility PPS</td> <td></td> </tr> <tr> <td>70.00</td> <td colspan="2">Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.</td> <td>Y</td> </tr> <tr> <td>71.00</td> <td colspan="2">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)</td> <td>N 0</td> </tr> <tr> <td colspan="8">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td colspan="2">Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td>N</td> </tr> <tr> <td>76.00</td> <td colspan="2">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)</td> <td>0</td> </tr> </tbody> </table>									1.00	2.00	3.00	70.00	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	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	Inpatient Rehabilitation Facility PPS								75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N	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)		0
	1.00	2.00	3.00																																				
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				1.00	
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (11)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N	87.00
		V	XIX		
		1.00	2.00		
<b>Title V and XIX Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a critical access hospital (CAH)?			N	105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00
		Physical	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
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
		1.00	2.00	3.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	420,741	5,500	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 3/29/2016 11:37 am
		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
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 1515 DRAGOON TRAIL	PO Box:		
143.00	City: MISHAWAKA	State:	Zip Code:	46546
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
				1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 3/29/2016 11:37 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00
						Beginning	Ending	
						1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				09/01/2015	11/29/2015	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 3/29/2016 11:37 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	Y	Y		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	3.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/08/2015		Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 3/29/2016 11:37 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 3/29/2016 11:37 am
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		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/08/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REGIONAL DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	171	62,415	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)		171	62,415	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		191	69,715	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,459	5,732	24,167			1.00
2.00 HMO and other (see instructions)	2,925	0				2.00
3.00 HMO IPF Subprovider	218	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	12,459	5,732	24,167			7.00
8.00 INTENSIVE CARE UNIT	1,770	880	3,712			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		52	220			13.00
14.00 Total (see instructions)	14,229	6,664	28,099	5.09	859.98	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,145	3,763	9,358	0.00	46.26	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	10,746	816	18,170	0.00	31.37	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	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				5.09	937.61	27.00
28.00 Observation Bed Days		1,684	5,256			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	19	21			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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,579	1,014	5,063	1.00
2.00	HMO and other (see instructions)			466	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,579	1,014	5,063	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	213	741	1,959	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					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	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 3/29/2016 11:37 am			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	59,218,401	0	59,218,401	1,825,549.00	32.44	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,604,265	146,458	6,750,723	124,677.89	54.15	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,167,534	0	1,167,534	20,427.10	57.16	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		487,792	0	487,792	3,648.00	133.71	13.00
14.00	Home office salaries & wage-related costs		9,108,413	0	9,108,413	152,939.00	59.56	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		18,472,785	0	18,472,785			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,800,732	0	1,800,732			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,116,782	0	1,116,782	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,138,454	0	3,138,454	0.00	0.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,647,177	0	1,647,177	0.00	0.00	29.00
30.00	Operation of Plant	7.00	328,052	0	328,052	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,455,553	0	1,455,553	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	931,050	-589,086	341,964	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	589,086	589,086	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,356,022	0	3,356,022	0.00	0.00	38.00
39.00	Central Services and Supply	14.00	232,567	0	232,567	0.00	0.00	39.00
40.00	Pharmacy	15.00	2,495,433	-667,455	1,827,978	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
3/29/2016 11:37 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 222,151	0	222,151	0.00	0.00	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/29/2016 11:37 am

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	59,218,401	0	59,218,401	1,825,549.00	32.44	1.00
2.00	Excluded area salaries (see instructions)	6,604,265	146,458	6,750,723	124,677.89	54.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,614,136	-146,458	52,467,678	1,700,871.11	30.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,763,739	0	10,763,739	177,014.10	60.81	4.00
5.00	Subtotal wage-related costs (see inst.)	18,472,785	0	18,472,785	0.00	35.21	5.00
6.00	Total (sum of lines 3 thru 5)	81,850,660	-146,458	81,704,202	1,877,885.21	43.51	6.00
7.00	Total overhead cost (see instructions)	14,923,241	-667,455	14,255,786	0.00	0.00	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 3/29/2016 11:37 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			711,475 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			4,166,120 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			8,333,874 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-8,475 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-1,564 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)			143,690 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,998,677 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,748,355 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			89,593 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			91,279 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			20,273,024 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			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		0	0 8.00
9.00	Hospital -Based NF		0	0 9.00
10.00	Hospital -Based OLTC			0 10.00
11.00	Hospital -Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital -Based Hospice			0 13.00
14.00	Hospital -Based Health Clinic RHC		0	0 14.00
15.00	Hospital -Based Health Clinic FQHC		0	0 15.00
16.00	Hospital -Based-CMHC		0	0 16.00
16.10	Hospital -Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 3/29/2016 11:37 am		
				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	1,905	429	1,244	3,578 1.00		
2.00	Unduplicated Census Count (see instructions)	0.00	667.00	58.00	400.00	1,125.00 2.00		
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	0.00			11.80	0.00	11.80 3.00	
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel				0.00	0.00	0.00 5.00	
6.00	Direct Nursing Service				13.07	0.00	13.07 6.00	
7.00	Nursing Supervisor				0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service				4.37	0.00	4.37 8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service				0.35	0.00	0.35 10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service				0.04	0.00	0.04 12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00 13.00	
14.00	Medical Social Service				0.03	0.00	0.03 14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00 15.00	
16.00	Home Health Aide				1.72	0.00	1.72 16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00 17.00	
18.00	Other (specify)				0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844						20.00
20.01		16974						20.01
		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	5,391	273	352	63	6,079 21.00		
22.00	Skilled Nursing Visit Charges	1,175,238	59,514	76,736	13,734	1,325,222 22.00		
23.00	Physical Therapy Visits	2,793	27	32	49	2,901 23.00		
24.00	Physical Therapy Visit Charges	607,566	5,886	6,976	10,682	631,110 24.00		
25.00	Occupational Therapy Visits	377	9	1	9	396 25.00		
26.00	Occupational Therapy Visit Charges	82,186	1,962	218	1,962	86,328 26.00		
27.00	Speech Pathology Visits	31	0	1	0	32 27.00		
28.00	Speech Pathology Visit Charges	6,758	0	218	0	6,976 28.00		
29.00	Medical Social Service Visits	16	0	0	0	16 29.00		
30.00	Medical Social Service Visit Charges	4,512	0	0	0	4,512 30.00		
31.00	Home Health Aide Visits	1,191	102	4	25	1,322 31.00		
32.00	Home Health Aide Visit Charges	157,212	13,464	528	3,300	174,504 32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,799	411	390	146	10,746 33.00		
34.00	Other Charges	0	0	0	0	0 34.00		
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,033,472	80,826	84,676	29,678	2,228,652 35.00		
36.00	Total Number of Episodes (standard/non outlier)	643		136	0	779 36.00		
37.00	Total Number of Outlier Episodes		11		11	22 37.00		
38.00	Total Non-Routine Medical Supply Charges	77,680	4,756	11,367	994	94,797 38.00		

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10	Date/Time Prepared: 3/29/2016 11:37 am
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.250630	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			8,180,874	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			19,182,010	5.00
6.00	Medicaid charges			111,584,531	6.00
7.00	Medicaid cost (line 1 times line 6)			27,966,431	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			603,547	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			603,547	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	16,408,900	10,475,900	26,884,800	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,112,563	2,625,575	6,738,138	21.00
22.00	Partial payment by patients approved for charity care	94,800	880,300	975,100	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,017,763	1,745,275	5,763,038	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,770,790	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,308,970	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			3,461,820	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			867,636	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,630,674	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,234,221	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT		8,135,710	8,135,710	-3,758,752	4,376,958	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	3,969,446	3,969,446	2.00	
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,116,782	17,742,542	18,859,324	-5,088	18,854,236	4.00	
5.01 01160 COMMUNICATIONS	270,683	594,013	864,696	0	864,696	5.01	
5.02 00550 DATA PROCESSING	5,174	-18,105,823	-18,100,649	0	-18,100,649	5.02	
5.03 00560 PURCHASING RECEIVING AND STORES	0	465,738	465,738	0	465,738	5.03	
5.04 00570 ADMI TTING	0	682,943	682,943	0	682,943	5.04	
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	2,862,597	10,524,996	13,387,593	1,215,405	14,602,998	5.05	
6.00 00600 MAINTENANCE & REPAIRS	1,647,177	2,880,521	4,527,698	0	4,527,698	6.00	
7.00 00700 OPERATION OF PLANT	328,052	3,591,981	3,920,033	0	3,920,033	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	351,229	351,229	0	351,229	8.00	
9.00 00900 HOUSEKEEPING	1,455,553	375,313	1,830,866	0	1,830,866	9.00	
10.00 01000 DIETARY	931,050	730,813	1,661,863	-1,051,480	610,383	10.00	
11.00 01100 CAFETERIA	0	0	0	1,051,480	1,051,480	11.00	
13.00 01300 NURSING ADMINISTRATION	3,356,022	237,357	3,593,379	-315	3,593,064	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	232,567	771,023	1,003,590	-261,733	741,857	14.00	
15.00 01500 PHARMACY	2,495,433	20,397,303	22,892,736	-17,514,427	5,378,309	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	222,151	3,397,794	3,619,945	0	3,619,945	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,604	2,604	350,093	352,697	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
23.01 02301 PARAMED ED PRGM - LAB	73,671	13,065	86,736	168,977	255,713	23.01	
23.02 02302 PARAMED ED PRGM - RADIOLOGY	70,153	321	70,474	-45	70,429	23.02	
23.03 02303 PARAMED ED PRGM - RESP THER	66,119	819	66,938	32	66,970	23.03	
23.04 02304 PARAMED ED PRGM-PHARMACY	414,405	16,034	430,439	146,792	577,231	23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	13,394,934	1,976,364	15,371,298	-1,524,836	13,846,462	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,495,145	318,877	2,814,022	-120,392	2,693,630	31.00	
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00 04000 SUBPROVIDER - IPF	2,727,950	16,668,038	19,395,988	-926	19,395,062	40.00	
43.00 04300 NURSERY	0	0	0	672,570	672,570	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	844,594	3,125,806	3,970,400	-1,753,411	2,216,989	50.00	
50.01 05001 OPEN HEART SURGERY	96,758	245,265	342,023	-83,630	258,393	50.01	
50.02 05002 OUTPATIENT SURGERY	888,306	291,448	1,179,754	-172,720	1,007,034	50.02	
51.00 05100 RECOVERY ROOM	274,315	13,588	287,903	-4,266	283,637	51.00	
53.00 05300 ANESTHESIOLOGY	57,287	3,012,378	3,069,665	-61,345	3,008,320	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,171,739	250,365	1,422,104	-35,499	1,386,605	54.00	
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	711,308	672,869	1,384,177	-445,707	938,470	54.01	
54.02 05402 ULTRASOUND	357,537	102,086	459,623	-67,955	391,668	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
55.01 05501 COMPUTED TOMOGRAPHY	442,693	399,747	842,440	-25,810	816,630	55.01	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MRI	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	7,098,550	7,098,550	-168,977	6,929,573	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	503,745	503,745	694,705	1,198,450	63.00	
63.01 06301 NUCLEAR MEDICINE	224,990	318,041	543,031	15,230	558,261	63.01	
65.00 06500 RESPIRATORY THERAPY	1,249,064	397,044	1,646,108	132,940	1,779,048	65.00	
66.00 06600 PHYSICAL THERAPY	1,608,247	1,263,522	2,871,769	-256,448	2,615,321	66.00	
67.00 06700 OCCUPATIONAL THERAPY	456,802	45,185	501,987	10,534	512,521	67.00	
68.00 06800 SPEECH PATHOLOGY	249,054	74,239	323,293	-17,139	306,154	68.00	
69.00 06900 ELECTROCARDIOLOGY	328,435	389,553	717,988	-1,453	716,535	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	241,062	33,349	274,411	-1,643	272,768	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,471,644	2,471,644	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,651,207	2,651,207	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	16,672,921	16,672,921	73.00	
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00	
76.01 03950 ORTHOPEDICS	41,836	22,262	64,098	-17,483	46,615	76.01	
76.02 03140 CARDIOVASCULAR SERVICES	795,056	1,665,576	2,460,632	-1,242,987	1,217,645	76.02	
76.03 03957 CARDIAC REHABILITATION	358,719	18,495	377,214	10,361	387,575	76.03	
76.04 03190 RADIATION ONCOLOGY	564,448	242,205	806,653	-769	805,884	76.04	
76.05 03951 MRI	130,278	179,436	309,714	-16,628	293,086	76.05	
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06	
76.07 03550 PSYCH ACTIVITY THERAPY	0	3,160,474	3,160,474	0	3,160,474	76.07	
76.08 03953 WOUND CARE	283,499	103,591	387,090	-77,852	309,238	76.08	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
76.09	03954	RENAL DIALYSIS	0	0	0	559,413	559,413	76.09
76.10	03955	INFUSION	1,708,228	725,419	2,433,647	-77,062	2,356,585	76.10
76.11	03956	CARE TRANSITION CENTER	49,096	2,309	51,405	0	51,405	76.11
76.12	03958	ANTI COAGULATION CLINIC	166,865	31,606	198,471	0	198,471	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	8,500,600	2,252,700	10,753,300	-538,883	10,214,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,165,884	267,404	2,433,288	-61,990	2,371,298	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		3,891,611	3,891,611	-1,426,099	2,465,512	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,132,318	102,569,443	160,701,761	0	160,701,761	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,057	54,611	94,668	0	94,668	190.00
190.01	19001	CONVENT	0	14,902	14,902	0	14,902	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	150,975	150,975	0	150,975	190.03
190.04	19004	WOMEN'S HEALTH CENTER	125,429	3,846	129,275	0	129,275	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	63	63	0	63	190.08
190.09	19009	MDWISE	61,835	11,484,633	11,546,468	0	11,546,468	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	343,629	78,431	422,060	0	422,060	190.10
190.11	19011	CENTER OF HOPE	14,242	373	14,615	0	14,615	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	104,650	179,621	284,271	0	284,271	192.00
192.01	19201	WORKING WELL	396,241	326,382	722,623	0	722,623	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	59,218,401	114,863,280	174,081,681	0	174,081,681	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-57,507	4,319,451	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,969,446	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,431,411	21,285,647	4.00
5.01	01160	COMMUNICATIONS	-27,268	837,428	5.01
5.02	00550	DATA PROCESSING	25,199,733	7,099,084	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-75,853	389,885	5.03
5.04	00570	ADMINITTING	0	682,943	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-2,676,145	11,926,853	5.05
6.00	00600	MAINTENANCE & REPAIRS	-29,302	4,498,396	6.00
7.00	00700	OPERATION OF PLANT	0	3,920,033	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	293	351,522	8.00
9.00	00900	HOUSEKEEPING	0	1,830,866	9.00
10.00	01000	DIETARY	-330,904	279,479	10.00
11.00	01100	CAFETERIA	-704,110	347,370	11.00
13.00	01300	NURSING ADMINISTRATION	-54,091	3,538,973	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-83,652	658,205	14.00
15.00	01500	PHARMACY	-1,400,430	3,977,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,619,945	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	221,085	573,782	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED PRGM - LAB	0	255,713	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0	70,429	23.02
23.03	02303	PARAMED PRGM - RESP THER	0	66,970	23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	577,231	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,490,017	11,356,445	30.00
31.00	03100	INTENSIVE CARE UNIT	-25,529	2,668,101	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	-14,762,474	4,632,588	40.00
43.00	04300	NURSERY	0	672,570	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-822,560	1,394,429	50.00
50.01	05001	OPEN HEART SURGERY	-21,934	236,459	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,007,034	50.02
51.00	05100	RECOVERY ROOM	0	283,637	51.00
53.00	05300	ANESTHESIOLOGY	-2,503	3,005,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-76,189	1,310,416	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	938,470	54.01
54.02	05402	ULTRASOUND	-10,000	381,668	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-109,588	707,042	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,864,131	5,065,442	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-1,041	1,197,409	63.00
63.01	06301	NUCLEAR MEDICINE	0	558,261	63.01
65.00	06500	RESPIRATORY THERAPY	-119,019	1,660,029	65.00
66.00	06600	PHYSICAL THERAPY	-211,469	2,403,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	512,521	67.00
68.00	06800	SPEECH PATHOLOGY	0	306,154	68.00
69.00	06900	ELECTROCARDIOLOGY	-273,602	442,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-977	271,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,471,644	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,651,207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,672,921	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	46,615	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-59,140	1,158,505	76.02
76.03	03957	CARDIAC REHABILITATION	-1,199	386,376	76.03
76.04	03190	RADIATION ONCOLOGY	0	805,884	76.04
76.05	03951	MRI	-45,355	247,731	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-2,767,889	392,585	76.07
76.08	03953	WOUND CARE	-1,023	308,215	76.08
76.09	03954	RENAL DIALYSIS	0	559,413	76.09
76.10	03955	INFUSION	-106,420	2,250,165	76.10



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
76.11	03956 CARE TRANSITION CENTER	6.00	7.00	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	51,405	76.12
		0	198,471	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-6,091,119	4,123,298	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	-75,000	2,296,298	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-2,465,512	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-9,990,430	150,711,331	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	94,668	190.00
190.01	19001 CONVENT	0	14,902	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	150,975	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	129,275	190.04
190.05	19005 DEVELOPMENT	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	190.07
190.08	19008 FAMILY SERVICES	0	63	190.08
190.09	19009 MDWISE	0	11,546,468	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	422,060	190.10
190.11	19011 CENTER OF HOPE	0	14,615	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	284,271	192.00
192.01	19201 WORKING WELL	0	722,623	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-9,990,430	164,091,251	200.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
3/29/2016 11:37 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAPITAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,969,446	1.00
	O		0	3,969,446	
<b>B - DIETARY</b>					
1.00	CAFETERIA	11.00	589,086	462,394	1.00
	O		589,086	462,394	
<b>C - INSURANCE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,212,394	1.00
	O		0	1,212,394	
<b>D - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,088	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	315	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	261,733	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	202,571	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	120,392	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	926	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,753,411	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	83,630	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	172,720	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,266	11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,345	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,727	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	450,173	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	78,477	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,810	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	169	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	69,204	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,103	19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,490	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,500	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,453	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,643	23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	17,483	24.00
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,333,269	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,423	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	769	27.00
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19,058	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	77,852	29.00
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	77,062	30.00
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	188,790	31.00
32.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	61,990	32.00
	O		0	5,122,851	

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>E - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	521,029	16,151,892	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00		694,705	2.00
	O		521,029	16,846,597	
<b>F - RADIOLOGY ADMINISTRATION</b>					
1.00	NUCLEAR MEDICINE	63.01	1,414	0	1.00
2.00	ULTRASOUND	54.02	10,522	0	2.00
3.00	NUCLEAR MEDICINE	63.01	13,985	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	4,466	0	4.00
5.00	MRI	76.05	2,430	0	5.00
	O		32,817	0	
<b>G - MEDICAL EDUCATION</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	350,093	1.00
	O		0	350,093	
<b>H - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM - LAB	23.01	0	168,977	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	45	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	32	0	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	146,426	366	4.00
	O		146,458	169,388	
<b>I - PROFESSIONAL SUPPORT SERVICES</b>					
1.00	RESPIRATORY THERAPY	65.00	200,944	1,232	1.00
2.00	OCCUPATIONAL THERAPY	67.00	24,872	152	2.00
3.00	SPEECH PATHOLOGY	68.00	10,298	63	3.00
4.00	CARDIAC REHABILITATION	76.03	11,712	72	4.00
	O		247,826	1,519	
<b>J - RENT</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,500	1.00
	O		0	16,500	
<b>K - NURSERY</b>					
1.00	NURSERY	43.00	569,889	102,681	1.00
	O		569,889	102,681	
<b>L - RENAL DIALYSIS</b>					
1.00	RENAL DIALYSIS	76.09	543,815	15,598	1.00
	O		543,815	15,598	
<b>M - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,651,207	1.00
	O		0	2,651,207	
<b>O - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,406,588	1.00
	O		0	1,406,588	
<b>P - MISCELLANEOUS A&amp;G</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	3,011	1.00
	O		0	3,011	
<b>Q - CATH LAB RECOVERY</b>					
1.00	CARDIOVASCULAR SERVICES	76.02	87,092	3,190	1.00
	O		87,092	3,190	
500.00	Grand Total: Increases		2,738,012	32,333,457	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,969,446	9		1.00
	O		0	3,969,446			
<b>B - DIETARY</b>							
1.00	DIETARY	10.00	589,086	462,394	0		1.00
	O		589,086	462,394			
<b>C - INSURANCE</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,212,394	12		1.00
	O		0	1,212,394			
<b>D - CHARGEABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,088	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	315	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	261,733	0		3.00
4.00	PHARMACY	15.00	0	9	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	202,571	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	120,392	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	926	0		7.00
8.00	OPERATING ROOM	50.00	0	1,753,411	0		8.00
9.00	OPEN HEART SURGERY	50.01	0	83,630	0		9.00
10.00	OUTPATIENT SURGERY	50.02	0	172,720	0		10.00
11.00	RECOVERY ROOM	51.00	0	4,266	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	61,345	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,727	0		13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	450,173	0		14.00
15.00	ULTRASOUND	54.02	0	78,477	0		15.00
16.00	COMPUTED TOMOGRAPHY	55.01	0	25,810	0		16.00
17.00	NUCLEAR MEDICINE	63.01	0	169	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	69,204	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	7,103	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	14,490	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	27,500	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,453	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,643	0		23.00
24.00	ORTHOPEDICS	76.01	0	17,483	0		24.00
25.00	CARDIOVASCULAR SERVICES	76.02	0	1,333,269	0		25.00
26.00	CARDIAC REHABILITATION	76.03	0	1,423	0		26.00
27.00	RADIATION ONCOLOGY	76.04	0	769	0		27.00
28.00	MRI	76.05	0	19,058	0		28.00
29.00	WOUND CARE	76.08	0	77,852	0		29.00
30.00	INFUSION	76.10	0	77,062	0		30.00
31.00	EMERGENCY	91.00	0	188,790	0		31.00
32.00	HOME HEALTH AGENCY	101.00	0	61,990	0		32.00
	O		0	5,122,851			
<b>E - PHARMACY</b>							
1.00	PHARMACY	15.00	521,029	16,151,892	0		1.00
2.00	PHARMACY	15.00		694,705	0		2.00
	O		521,029	16,846,597			
<b>F - RADIOLOGY ADMINISTRATION</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,414	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	10,522	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	13,985	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	4,466	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	2,430	0	0		5.00
	O		32,817	0			
<b>G - MEDICAL EDUCATION</b>							
1.00	EMERGENCY	91.00	0	350,093	0		1.00
	O		0	350,093			
<b>H - PARAMEDICAL EDUCATION</b>							
1.00	LABORATORY	60.00	0	168,977	0		1.00
2.00	PARAMED PRGM - RADIOLOGY	23.02	0	45	0		2.00
3.00	RESPIRATORY THERAPY	65.00	32	0	0		3.00
4.00	PHARMACY	15.00	146,426	366	0		4.00
	O		146,458	169,388			
<b>I - PROFESSIONAL SUPPORT SERVICES</b>							
1.00	PHYSICAL THERAPY	66.00	200,944	1,232	0		1.00
2.00	PHYSICAL THERAPY	66.00	24,872	152	0		2.00
3.00	PHYSICAL THERAPY	66.00	10,298	63	0		3.00
4.00	PHYSICAL THERAPY	66.00	11,712	72	0		4.00
	O		247,826	1,519			
<b>J - RENT</b>							
1.00	INTEREST EXPENSE	113.00	0	16,500	10		1.00
	O		0	16,500			

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	569,889	102,681	0		1.00
	O		569,889	102,681			
	L - RENAL DIALYSIS						
1.00	ADULTS & PEDIATRICS	30.00	543,815	15,598	0		1.00
	O		543,815	15,598			
	M - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,651,207	0		1.00
	O		0	2,651,207			
	O - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,406,588	11		1.00
	O		0	1,406,588			
	P - MISCELLANEOUS A&G						
1.00	INTEREST EXPENSE	113.00	0	3,011	0		1.00
	O		0	3,011			
	Q - CATH LAB RECOVERY						
1.00	ADULTS & PEDIATRICS	30.00	87,092	3,190	0		1.00
	O		87,092	3,190			
500.00	Grand Total: Decreases		2,738,012	32,333,457			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,547,620	0	0	0	0	1.00
2.00	Land Improvements	3,607,761	0	0	0	0	2.00
3.00	Buildings and Fixtures	44,603,040	0	0	0	21,269	3.00
4.00	Building Improvements	157,134	0	0	0	157,134	4.00
5.00	Fixed Equipment	144,353,553	933,150	0	933,150	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	198,269,108	933,150	0	933,150	178,403	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	198,269,108	933,150	0	933,150	178,403	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,547,620	0				1.00
2.00	Land Improvements	3,607,761	0				2.00
3.00	Buildings and Fixtures	44,581,771	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	145,286,703	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	199,023,855	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	199,023,855	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	6,749,930	0	0	1,385,780	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,749,930	0	0	1,385,780	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	8,135,710				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	8,135,710				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

Period:  
From 01/01/2015  
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Worksheet A-7  
Part III  
Date/Time Prepared:  
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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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
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	2,780,484	-41,007	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,969,446	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,749,930	-41,007	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	1,406,588	173,386	0	0	4,319,451	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,969,446	2.00
3.00	Total (sum of lines 1-2)	1,406,588	173,386	0	0	8,288,897	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-153	0	INTEREST EXPENSE	113.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-83,530	0	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-57,507	0	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-27,268	0	COMMUNICATIONS	5.01	0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,813,300	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,089	0	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,118,985	0			0	12.00
13.00 Laundry and linen service	B	293	0	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-689,065	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0	0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-15,045	0	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 KINDRED MEALS	B	-260,494	0	DIETARY	10.00	0	33.00
33.01 WELLNESS CENTER REVENUE	B	-540	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
33.02	PHYSICIAN APPLICATION FEES	B	-8,550	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-2,940	DIETARY	10.00	0 33.03
33.04	LOBBYING EXPENSE	A	-73,161	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	PROGRAM FEES	B	-19,438	NURSING ADMINISTRATION	13.00	0 33.05
33.06	LIFELINE	B	-24,444	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.06
33.07	UNNECESSARY BORROWING	A	-2,464,145	INTEREST EXPENSE	113.00	0 33.07
33.08	MISCELLANEOUS INCOME	B	-80	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09	MISCELLANEOUS INCOME	B	-27,216	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	0 33.10
33.11	DONATIONS EXPENSE	A	-24,900	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.11
33.12	ADVERTISING EXPENSE	A	-413,426	OTHER ADMINISTRATIVE AND GENERAL	5.05	14 33.12
33.13	ADVERTISING EXPENSE	A	-1,969	SUBPROVIDER - IPF	40.00	0 33.13
33.14	MISCELLANEOUS INCOME	B	-5,000	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	PATIENT INTEREST	B	-102,811	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16	HAF ASSESSMENT	A	-2,015,650	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.16
33.17	PENSION COST	A	2,431,951	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.17
33.18	DISCOUNTS/REBATES	B	-75,853	PURCHASING RECEIVING AND STORES	5.03	0 33.18
33.19	DISCOUNTS/REBATES	B	-2,086	MAINTENANCE & REPAIRS	6.00	0 33.19
33.20	DISCOUNTS/REBATES	B	-67,470	DIETARY	10.00	0 33.20
33.21	DISCOUNTS/REBATES	B	-131,295	PHARMACY	15.00	0 33.21
33.22	DISCOUNTS/REBATES	B	-144,326	OPERATING ROOM	50.00	0 33.22
33.23	DISCOUNTS/REBATES	B	-31,281	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.24	DISCOUNTS/REBATES	B	-33,694	LABORATORY	60.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-5,576	RESPIRATORY THERAPY	65.00	0 33.25
33.26	DISCOUNTS/REBATES	B	-50,255	CARDIOVASCULAR SERVICES	76.02	0 33.26
33.27	DISCOUNTS/REBATES	B	150	CARDIAC REHABILITATION	76.03	0 33.27
33.28	SALE OF MEDICAL RECORDS	B	-13,123	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.28
33.29	PODIATRY RESIDENTS ADD ON	A	221,085	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.29
33.30	BAD DEBT OTHER	A	-1,214	INTEREST EXPENSE	113.00	0 33.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,990,430			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared: 3/29/2016 11:37 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	6,876,244	2.00
3.00	5.03	PURCHASING RECEIVING AND STO	PURCHASING	268,891	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	3,574,811	4.00
4.01	15.00	PHARMACY	COEP / PHARMACY	251,384	4.01
4.02	113.00	INTEREST EXPENSE	INTEREST	1	4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	1,345,452	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	3,141,563	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	155,592	4.05
4.06	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	SPD	32	4.07
4.08	15.00	PHARMACY	PHARMACY	264,336	4.08
4.09	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	0	4.09
4.10	31.00	INTENSIVE CARE UNIT	INTENSIVE CARE UNIT	0	4.10
4.11	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4.11
4.12	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	4.12
4.13	50.00	OPERATING ROOM	SURGERY	6,342	4.13
4.14	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	1,399	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	4,214	4.15
4.16	54.02	ULTRASOUND	ULTRASOUND	1,236	4.16
4.17	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	11,896	4.17
4.18	60.00	LABORATORY	CHEMISTRY	308,806	4.18
4.19	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	447	4.19
4.20	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	11,519	4.20
4.21	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	581	4.21
4.22	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	38,806	4.22
4.23	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	191	4.23
4.24	76.05	MRI	MRI	5,605	4.24
4.25	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	392,585	4.25
4.26	91.00	EMERGENCY	EMERGENCY ROOM	241,736	4.26
4.27	40.00	SUBPROVIDER - IPF	OVERHEAD	1,829,254	4.27
4.28	0.00			0	4.28
4.29	0.00			0	4.29
4.30	0.00			0	4.30
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,732,924	5.00

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
3/29/2016 11:37 am

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
3/29/2016 11:37 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	14		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	25,199,733	0		4.06
4.07	-122	0		4.07
4.08	-1,268,802	0		4.08
4.09	-8,213	0		4.09
4.10	-3,879	0		4.10
4.11	-6,246,349	0		4.11
4.12	-10,343,410	0		4.12
4.13	-25,473	0		4.13
4.14	-2,503	0		4.14
4.15	-38,819	0		4.15
4.16	-10,000	0		4.16
4.17	-109,588	0		4.17
4.18	-1,816,466	0		4.18
4.19	-1,041	0		4.19
4.20	-58,128	0		4.20
4.21	-1,681	0		4.21
4.22	-273,602	0		4.22
4.23	-1,349	0		4.23
4.24	-45,355	0		4.24
4.25	-2,767,889	0		4.25
4.26	-887,333	0		4.26
4.27	1,829,254	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
5.00	3,118,985			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared: 3/29/2016 11:37 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00 NURSING ADMINISTRATION	29,510	0	29,510	197,500	211	1.00
2.00	13.00 NURSING ADMINISTRATION	104,843	0	104,843	197,500	839	2.00
3.00	15.00 PHARMACY	6,600	0	6,600	197,500	66	3.00
4.00	30.00 ADULTS & PEDIATRICS	21,923	0	21,923	197,500	165	4.00
5.00	30.00 ADULTS & PEDIATRICS	2,475,548	2,475,548	0	197,500	0	5.00
6.00	31.00 INTENSIVE CARE UNIT	69,411	0	69,411	197,500	503	6.00
7.00	50.00 OPERATING ROOM	663,304	652,147	11,156	246,400	89	7.00
8.00	50.01 OPEN HEART SURGERY	52,260	1,020	51,240	246,400	256	8.00
9.00	60.00 LABORATORY	39,228	3,352	35,876	197,500	266	9.00
10.00	65.00 RESPIRATORY THERAPY	55,315	55,315	0	197,500	0	10.00
11.00	66.00 PHYSICAL THERAPY	114,314	114,314	0	197,500	0	11.00
12.00	66.00 PHYSICAL THERAPY	95,474	95,474	0	197,500	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	13,020	0	13,020	197,500	130	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	2,200	0	2,200	197,500	20	14.00
15.00	76.02 CARDIOVASCULAR SERVICES	24,312	2,992	21,320	197,500	164	15.00
16.00	76.02 CARDIOVASCULAR SERVICES	715	0	715	197,500	6	16.00
17.00	76.08 WOUND CARE	7,480	0	7,480	197,500	68	17.00
18.00	76.10 INFUSION	19,650	6,075	13,575	197,500	91	18.00
19.00	76.10 INFUSION	95,411	95,411	0	197,500	0	19.00
20.00	91.00 EMERGENCY	5,178,546	5,178,546	0	197,500	0	20.00
21.00	91.00 EMERGENCY	98,923	0	98,923	197,500	776	21.00
200.00		9,167,987	8,680,194	487,792		3,650	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	13.00 NURSING ADMINISTRATION	20,035	1,002	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	79,665	3,983	0	0	0	2.00
3.00	15.00 PHARMACY	6,267	313	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	15,667	783	0	0	0	4.00
5.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	31.00 INTENSIVE CARE UNIT	47,761	2,388	0	0	0	6.00
7.00	50.00 OPERATING ROOM	10,543	527	0	0	0	7.00
8.00	50.01 OPEN HEART SURGERY	30,326	1,516	0	0	0	8.00
9.00	60.00 LABORATORY	25,257	1,263	0	0	0	9.00
10.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	11.00
12.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	12,344	617	0	0	0	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	1,899	95	0	0	0	14.00
15.00	76.02 CARDIOVASCULAR SERVICES	15,572	779	0	0	0	15.00
16.00	76.02 CARDIOVASCULAR SERVICES	570	29	0	0	0	16.00
17.00	76.08 WOUND CARE	6,457	323	0	0	0	17.00
18.00	76.10 INFUSION	8,641	432	0	0	0	18.00
19.00	76.10 INFUSION	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	0	0	0	0	0	20.00
21.00	91.00 EMERGENCY	73,683	3,684	0	0	0	21.00
200.00		354,687	17,734	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	13.00 NURSING ADMINISTRATION	0	20,035	9,475	9,475	1.00
2.00	13.00 NURSING ADMINISTRATION	0	79,665	25,178	25,178	2.00
3.00	15.00 PHARMACY	0	6,267	333	333	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	15,667	6,256	6,256	4.00
5.00	30.00 ADULTS & PEDIATRICS	0	0	0	2,475,548	5.00
6.00	31.00 INTENSIVE CARE UNIT	0	47,761	21,650	21,650	6.00
7.00	50.00 OPERATING ROOM	0	10,543	613	652,761	7.00
8.00	50.01 OPEN HEART SURGERY	0	30,326	20,914	21,934	8.00
9.00	60.00 LABORATORY	0	25,257	10,619	13,971	9.00
10.00	65.00 RESPIRATORY THERAPY	0	0	0	55,315	10.00
11.00	66.00 PHYSICAL THERAPY	0	0	0	114,314	11.00
12.00	66.00 PHYSICAL THERAPY	0	0	0	95,474	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	12,344	676	676	13.00
14.00	70.00 ELECTROENCEPHALOGRAPHY	0	1,899	301	301	14.00
15.00	76.02 CARDIOVASCULAR SERVICES	0	15,572	5,748	8,740	15.00
16.00	76.02 CARDIOVASCULAR SERVICES	0	570	145	145	16.00
17.00	76.08 WOUND CARE	0	6,457	1,023	1,023	17.00
18.00	76.10 INFUSION	0	8,641	4,934	11,009	18.00
19.00	76.10 INFUSION	0	0	0	95,411	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared:  
3/29/2016 11:37 am

	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		
20.00	91.00	EMERGENCY	0	0	0	5,178,546		20.00
21.00	91.00	EMERGENCY	0	73,683	25,240	25,240		21.00
200.00			0	354,687	133,105	8,813,300		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	4,319,451	4,319,451				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	3,969,446		3,969,446			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	21,285,647	19,382	6,687	21,311,716		4.00
5.01 01160 COMMUNICATIONS	837,428	10,055	6,201	99,287	952,971	5.01
5.02 00550 DATA PROCESSING	7,099,084	59,676	856,470	1,898	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	389,885	12,814	5,868	0	13,483	5.03
5.04 00570 ADMINITING	682,943	29,250	0	0	40,931	5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	11,926,853	312,296	43,065	1,050,003	118,941	5.05
6.00 00600 MAINTENANCE & REPAIRS	4,498,396	289,199	28,189	604,186	65,971	6.00
7.00 00700 OPERATION OF PLANT	3,920,033	190,365	27,546	120,330	28,892	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	351,522	5,038	89,127	0	6,260	8.00
9.00 00900 HOUSEKEEPING	1,830,866	73,499	13,570	533,898	6,741	9.00
10.00 01000 DIETARY	279,479	76,766	24,870	125,433	13,002	10.00
11.00 01100 CAFETERIA	347,370	44,563	0	216,077	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,538,973	49,427	41,859	1,230,992	32,263	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	658,205	71,308	40,478	85,306	16,373	14.00
15.00 01500 PHARMACY	3,977,879	42,746	3,605	670,504	25,522	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,619,945	126,627	2,137	81,485	8,186	16.00
17.00 01700 SOCIAL SERVICE	0	7,510	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	573,782	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	482	23.00
23.01 02301 PARAMED ED PRGM - LAB	255,713	0	0	27,023	482	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	70,429	0	0	25,732	482	23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	66,970	0	0	24,264	482	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	577,231	0	0	205,713	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	11,356,445	847,844	779,840	4,472,806	151,687	30.00
31.00 03100 INTENSIVE CARE UNIT	2,668,101	128,598	83,407	915,222	24,077	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	4,632,588	0	2,258	1,000,615	0	40.00
43.00 04300 NURSERY	672,570	0	0	209,036	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,394,429	244,449	318,920	309,798	56,340	50.00
50.01 05001 OPEN HEART SURGERY	236,459	0	19,412	35,491	0	50.01
50.02 05002 OUTPATIENT SURGERY	1,007,034	186,724	34,892	325,832	22,151	50.02
51.00 05100 RECOVERY ROOM	283,637	0	1,447	100,619	0	51.00
53.00 05300 ANESTHESIOLOGY	3,005,817	0	145,884	21,013	4,334	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,310,416	112,971	99,087	417,758	40,931	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	938,470	27,272	261,275	262,547	2,889	54.01
54.02 05402 ULTRASOUND	381,668	13,576	79,908	135,004	6,260	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	707,042	13,890	294	162,380	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	5,065,442	92,734	0	0	22,151	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,197,409	0	0	0	21,669	63.00
63.01 06301 NUCLEAR MEDICINE	558,261	18,360	17,567	88,175	6,260	63.01
65.00 06500 RESPIRATORY THERAPY	1,660,029	36,840	78,064	531,853	13,002	65.00
66.00 06600 PHYSICAL THERAPY	2,403,852	95,313	2,906	499,004	25,522	66.00
67.00 06700 OCCUPATIONAL THERAPY	512,521	8,806	0	176,679	5,778	67.00
68.00 06800 SPEECH PATHOLOGY	306,154	27,286	6,689	95,131	1,445	68.00
69.00 06900 ELECTROCARDIOLOGY	442,933	15,333	89,338	120,470	6,741	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	271,791	12,454	23,280	88,422	9,149	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,471,644	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,651,207	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,672,921	0	0	191,114	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	46,615	6,180	80	15,345	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	1,158,505	77,314	77,264	323,573	36,597	76.02
76.03 03957 CARDIAC REHABILITATION	386,376	11,719	8,408	135,874	1,445	76.03
76.04 03190 RADIATION ONCOLOGY	805,884	122,111	84,392	207,040	0	76.04
76.05 03951 MRI	247,731	26,738	330,653	48,677	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
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3/29/2016 11:37 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.07 03550 PSYCH ACTIVITY THERAPY	392,585	0	0	0	0	76.07
76.08 03953 WOUND CARE	308,215	43,661	1,970	103,988	14,446	76.08
76.09 03954 RENAL DIALYSIS	559,413	84,322	0	199,472	0	76.09
76.10 03955 INFUSION	2,250,165	4,436	23,666	626,580	0	76.10
76.11 03956 CARE TRANSITION CENTER	51,405	0	0	18,008	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	198,471	0	0	61,206	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	4,123,298	104,179	132,538	3,118,029	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,296,298	27,446	4,847	794,448	44,302	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	150,711,331	3,811,077	3,897,958	20,913,340	895,669
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,668	9,046	0	14,693	2,407	190.00
190.01 19001 CONVENT	14,902	75,837	0	0	15,891	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	150,975	0	582	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	129,275	7,670	0	46,007	2,407	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	63	0	0	0	0	190.08
190.09 19009 MDWISE	11,546,468	0	0	22,681	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	422,060	0	2,004	126,043	2,889	190.10
190.11 19011 CENTER OF HOPE	14,615	3,361	0	5,224	0	190.11
190.12 19012 SELECT	0	267,606	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	284,271	26,551	2,422	38,386	20,225	192.00
192.01 19201 WORKING WELL	722,623	0	56,967	145,342	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	118,303	9,513	0	13,483	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	164,091,251	4,319,451	3,969,446	21,311,716	952,971

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	8,017,128					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	260,257	682,307				5.03
5.04	00570	ADMINITTING	568,506	0	1,321,630			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,385,790	10	0	15,836,958	15,836,958	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	25	0	5,485,966	586,027	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	4,287,166	457,968	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,850	0	459,797	49,117	8.00
9.00	00900	HOUSEKEEPING	0	456	0	2,459,030	262,681	9.00
10.00	01000	DIETARY	0	7,827	0	527,377	56,336	10.00
11.00	01100	CAFETERIA	0	0	0	608,010	64,949	11.00
13.00	01300	NURSING ADMINISTRATION	92,972	218	0	4,986,704	532,695	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	25,734	0	897,404	95,863	14.00
15.00	01500	PHARMACY	527,783	28,644	0	5,276,683	563,671	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,010,633	0	0	5,849,013	624,809	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	7,510	802	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	573,782	61,293	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	482	51	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	283,218	30,254	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	96,643	10,324	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	91,716	9,797	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	782,944	83,636	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	58,732	87,099	17,754,453	1,896,578	30.00
31.00	03100	INTENSIVE CARE UNIT	0	22,200	20,700	3,862,305	412,583	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	962	75,607	5,712,030	610,176	40.00
43.00	04300	NURSERY	0	0	876	882,482	94,269	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	168,643	166,383	39,375	2,698,337	288,244	50.00
50.01	05001	OPEN HEART SURGERY	0	10,778	3,379	305,519	32,636	50.01
50.02	05002	OUTPATIENT SURGERY	0	24,644	17,356	1,618,633	172,907	50.02
51.00	05100	RECOVERY ROOM	0	1,263	6,959	393,925	42,080	51.00
53.00	05300	ANESTHESIOLOGY	0	8,963	22,674	3,208,685	342,761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	462,946	2,106	27,031	2,473,246	264,200	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	46,291	20,549	1,559,293	166,568	54.01
54.02	05402	ULTRASOUND	0	8,393	21,678	646,487	69,060	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	8,448	72,841	964,895	103,073	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,072,911	0	123,675	6,376,913	681,201	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,821	1,226,899	131,061	63.00
63.01	06301	NUCLEAR MEDICINE	0	375	12,788	701,786	74,967	63.01
65.00	06500	RESPIRATORY THERAPY	0	10,441	45,188	2,375,417	253,749	65.00
66.00	06600	PHYSICAL THERAPY	0	1,080	12,657	3,040,334	324,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,635	6,837	712,256	76,085	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,682	2,832	442,219	47,239	68.00
69.00	06900	ELECTROCARDIOLOGY	0	764	26,388	701,967	74,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	765	5,109	410,970	43,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	38,834	2,510,478	268,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,079	2,663,286	284,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	349,765	17,213,800	1,838,830	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	2,111	275	70,606	7,542	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	139,536	32,752	1,845,541	197,146	76.02
76.03	03957	CARDIAC REHABILITATION	0	488	3,237	547,547	58,491	76.03
76.04	03190	RADIATION ONCOLOGY	0	585	14,506	1,234,518	131,875	76.04
76.05	03951	MRI	0	1,978	20,019	675,796	72,191	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	7,215	399,800	42,708	76.07
76.08	03953	WOUND CARE	0	8,375	4,258	484,913	51,800	76.08
76.09	03954	RENAL DIALYSIS	0	0	5,622	848,829	90,674	76.09
76.10	03955	INFUSION	0	19,205	33,470	2,957,522	315,931	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
76.11	03956 CARE TRANSITION CENTER	0	0	22	69,435	7,417	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	592	1,463	261,732	27,959	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	48,619	129,801	7,656,464	817,886	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	466,687	8,068	8,893	3,650,989	390,010	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,017,128	677,226	1,321,630	149,670,710	14,296,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	120,814	12,906	190.00
190.01	19001 CONVENT	0	0	0	106,630	11,391	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	151,557	16,190	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	185,359	19,801	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	63	7	190.08
190.09	19009 MDWISE	0	0	0	11,569,149	1,235,851	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	2,466	0	555,462	59,336	190.10
190.11	19011 CENTER OF HOPE	0	0	0	23,200	2,478	190.11
190.12	19012 SELECT	0	0	0	267,606	28,586	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	97	0	371,952	39,733	192.00
192.01	19201 WORKING WELL	0	2,518	0	927,450	99,073	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	141,299	15,094	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,017,128	682,307	1,321,630	164,091,251	15,836,958	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 3/29/2016 11:37 am		
Cost Center Description				MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
				6.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	6,071,993					6.00
7.00	00700	OPERATION OF PLANT	322,266	5,067,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,528	7,516	524,958			8.00
9.00	00900	HOUSEKEEPING	124,425	109,659	0	2,955,795		9.00
10.00	01000	DIETARY	129,956	114,534	0	68,389	896,592	10.00
11.00	01100	CAFETERIA	75,440	66,487	0	39,700	0	11.00
13.00	01300	NURSING ADMINISTRATION	83,674	73,744	0	44,033	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	120,715	106,390	0	63,526	0	14.00
15.00	01500	PHARMACY	72,364	63,776	0	38,081	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	214,365	188,926	0	112,808	0	16.00
17.00	01700	SOCIAL SERVICE	12,713	11,204	0	6,690	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,435,306	1,264,977	404,217	755,320	690,373	30.00
31.00	03100	INTENSIVE CARE UNIT	217,702	191,867	57,746	114,564	107,594	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	413,823	364,714	0	217,772	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	316,102	278,589	0	166,347	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,247	168,551	0	100,642	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	46,169	40,690	0	24,296	0	54.01
54.02	05402	ULTRASOUND	22,983	20,255	0	12,094	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	23,514	20,724	0	12,374	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	156,988	138,358	0	82,614	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	31,081	27,392	0	16,356	0	63.01
65.00	06500	RESPIRATORY THERAPY	62,365	54,964	0	32,819	0	65.00
66.00	06600	PHYSICAL THERAPY	161,353	142,205	0	84,911	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,907	13,138	0	7,845	0	67.00
68.00	06800	SPEECH PATHOLOGY	46,191	40,710	0	24,308	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,957	22,877	0	13,660	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,082	18,581	0	11,095	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	10,462	9,221	0	5,506	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	130,883	115,351	0	68,877	0	76.02
76.03	03957	CARDIAC REHABILITATION	19,838	17,484	0	10,440	0	76.03
76.04	03190	RADIATION ONCOLOGY	206,719	182,188	0	108,785	0	76.04
76.05	03951	MRI	45,264	39,892	0	23,820	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	73,913	65,142	0	38,896	0	76.08
76.09	03954	RENAL DIALYSIS	142,748	125,808	0	75,120	0	76.09
76.10	03955	INFUSION	7,510	6,619	0	3,952	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	176,362	155,433	0	92,810	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	46,463	40,949	0	24,451	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,211,378	4,308,915	461,963	2,502,901	797,967	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,314	13,497	0	8,059	0	190.00
190.01	19001 CONVENT	128,384	113,148	0	67,561	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	12,984	11,443	0	6,833	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	5,689	5,014	0	2,994	0	190.11
190.12	19012 SELECT	453,025	399,264	0	238,402	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	44,947	39,613	0	23,653	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	200,272	176,506	62,995	105,392	98,625	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,071,993	5,067,400	524,958	2,955,795	896,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 3/29/2016 11:37 am		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMINITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	854,586				11.00	
13.00	01300	NURSING ADMINISTRATION	59,568	5,780,418			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	7,773	0	1,291,671		14.00	
15.00	01500	PHARMACY	37,392	0	5,266	6,057,233	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	5,832	0	1	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM - LAB	1,236	551	0	0	23.01	
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,334	0	0	0	23.02	
23.03	02303	PARAMED ED PRGM - RESP THER	1,340	0	0	0	23.03	
23.04	02304	PARAMED ED PRGM-PHARMACY	7,469	0	0	0	23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	239,134	2,929,200	74,124	1,430	460,980	30.00
31.00	03100	INTENSIVE CARE UNIT	45,235	299,291	20,002	72	109,557	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	1,153,081	1,667	0	400,155	40.00
43.00	04300	NURSERY	0	0	0	0	4,635	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	18,143	63,137	27,097	6,246	208,397	50.00
50.01	05001	OPEN HEART SURGERY	887	0	3,130	81	17,882	50.01
50.02	05002	OUTPATIENT SURGERY	14,863	41,640	14,045	0	91,858	50.02
51.00	05100	RECOVERY ROOM	4,226	7,525	1,477	6	36,833	51.00
53.00	05300	ANESTHESIOLOGY	2,143	0	4,300	11,100	120,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,846	12	3,332	0	143,066	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	12,407	3,990	4,932	0	108,759	54.01
54.02	05402	ULTRASOUND	6,205	96	1,481	0	114,736	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	8,266	0	11,222	0	385,517	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	654,560	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	41,391	63.00
63.01	06301	NUCLEAR MEDICINE	3,306	0	594	69,775	67,683	63.01
65.00	06500	RESPIRATORY THERAPY	27,065	0	5,392	901	239,164	65.00
66.00	06600	PHYSICAL THERAPY	42,834	0	749	0	66,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,517	0	442	0	36,184	67.00
68.00	06800	SPEECH PATHOLOGY	3,644	0	34	0	14,991	68.00
69.00	06900	ELECTROCARDIOLOGY	8,568	515	1,191	89	139,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,348	8,568	1,125	0	27,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	505,133	0	205,532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	491,152	0	63,928	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,942,720	1,852,054	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDIC	621	0	797	0	1,453	76.01
76.02	03140	CARDIOVASCULAR SERVICES	14,106	20,395	19,823	1,117	173,344	76.02
76.03	03957	CARDIAC REHABILITATION	6,867	9,586	669	0	17,134	76.03
76.04	03190	RADIATION ONCOLOGY	9,168	0	976	134	76,775	76.04
76.05	03951	MRI	2,460	0	198	0	105,953	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	38,188	76.07
76.08	03953	WOUND CARE	6,005	50,459	1,592	1,956	22,536	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	29,756	76.09
76.10	03955	INFUSION	33,560	266,770	22,847	0	177,145	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03956 CARE TRANSITION CENTER	597	0	0	0	119	76.11
76.12	03958 ANTI COAGULATION CLINIC	2,902	0	1,132	0	7,745	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	86,417	588,289	57,975	2,220	686,985	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	40,472	296,164	3,933	571	47,069	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	805,756	5,739,269	1,287,830	6,038,418	6,995,754	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,916	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	4,068	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	1,357	11,408	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	6,420	12,234	672	2,494	0	190.10
190.11	19011 CENTER OF HOPE	24	4,278	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,832	13,229	92	3,854	0	192.00
192.01	19201 WORKING WELL	8,874	0	3,077	12,467	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	23,339	0	0	0	0	194.01
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)	854,586	5,780,418	1,291,671	6,057,233	6,995,754	202.00

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	38,919					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	635,075				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0		533			23.00
23.01 02301 PARAMED ED PRGM - LAB	0			315,259		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0				108,301	23.02
23.03 02303 PARAMED ED PRGM - RESP THER	0					23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	0					23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,556	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	607	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	2,219	0	0	0	0	40.00
43.00 04300 NURSERY	26	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,156	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	99	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	509	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	204	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	665	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	793	0	0	0	102,886	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	603	0	0	0	2,166	54.01
54.02 05402 ULTRASOUND	636	0	0	0	1,083	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,138	0	0	0	2,166	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,630	0	0	258,513	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	230	0	0	50,441	0	63.00
63.01 06301 NUCLEAR MEDICINE	375	0	0	6,305	0	63.01
65.00 06500 RESPIRATORY THERAPY	1,326	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	371	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	201	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	83	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	774	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	150	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,140	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	354	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,398	0	533	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	8	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	961	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	95	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	426	0	0	0	0	76.04
76.05 03951 MRI	588	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	212	0	0	0	0	76.07
76.08 03953 WOUND CARE	125	0	0	0	0	76.08



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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03954 RENAL DIALYSIS	165	0	0	0	0	76.09
76.10	03955 INFUSION	982	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	1	0	0	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	43	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	3,809	635,075	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	261	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,919	635,075	533	315,259	108,301	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	38,919	635,075	533	315,259	108,301	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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3/29/2016 11:37 am

Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESPTHER	102,853					23.03
23.04	02304	PARAMED PRGM-PHARMACY		874,049				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	27,908,648	0	27,908,648	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,439,125	0	5,439,125	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,879,328	0	7,879,328	40.00
43.00	04300	NURSERY	0	0	981,412	0	981,412	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	4,307,066	0	4,307,066	50.00
50.01	05001	OPEN HEART SURGERY	0	0	360,234	0	360,234	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	2,715,493	0	2,715,493	50.02
51.00	05100	RECOVERY ROOM	0	0	486,276	0	486,276	51.00
53.00	05300	ANESTHESIOLOGY	0	0	3,689,656	0	3,689,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,479,821	0	3,479,821	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	1,969,873	0	1,969,873	54.01
54.02	05402	ULTRASOUND	0	0	895,116	0	895,116	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,533,889	0	1,533,889	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	8,352,777	-35,747	8,317,030	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,450,022	0	1,450,022	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	999,620	0	999,620	63.01
65.00	06500	RESPIRATORY THERAPY	102,853	0	3,156,015	0	3,156,015	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,864,523	0	3,864,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	868,575	0	868,575	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	619,419	0	619,419	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	990,246	0	990,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	546,858	0	546,858	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,490,460	0	3,490,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,503,220	0	3,503,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	874,049	27,732,384	0	27,732,384	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	106,216	0	106,216	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	2,587,544	0	2,587,544	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	688,151	0	688,151	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	1,951,564	0	1,951,564	76.04
76.05	03951	MRI	0	0	966,162	0	966,162	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	480,908	0	480,908	76.07
76.08	03953	WOUND CARE	0	0	797,337	0	797,337	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
76.09	03954	RENAL DIALYSIS	0	0	1,313,100	0	1,313,100	76.09
76.10	03955	INFUSION	0	0	3,792,838	0	3,792,838	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	77,569	0	77,569	76.11
76.12	03958	ANTICOAGULATION CLINIC	0	0	301,513	0	301,513	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	10,959,725	-635,075	10,324,650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	4,541,332	0	4,541,332	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	102,853	874,049	145,784,015	-670,822	145,113,193	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	172,506	0	172,506	190.00
190.01	19001	CONVENT	0	0	427,114	0	427,114	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	167,747	0	167,747	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	240,488	0	240,488	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	70	0	70	190.08
190.09	19009	MDWISE	0	0	12,817,765	0	12,817,765	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	636,618	0	636,618	190.10
190.11	19011	CENTER OF HOPE	0	0	43,677	0	43,677	190.11
190.12	19012	SELECT	0	0	1,386,883	0	1,386,883	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	539,905	0	539,905	192.00
192.01	19201	WORKING WELL	0	0	1,050,941	0	1,050,941	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	823,522	0	823,522	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	102,853	874,049	164,091,251	-670,822	163,420,429	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,382	6,687	26,069	26,069 4.00
5.01 01160	COMMUNICATIONS	0	10,055	6,201	16,256	122 5.01
5.02 00550	DATA PROCESSING	0	59,676	856,470	916,146	2 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	12,814	5,868	18,682	0 5.03
5.04 00570	ADMINITTING	0	29,250	0	29,250	0 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	312,296	43,065	355,361	1,285 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	289,199	28,189	317,388	740 6.00
7.00 00700	OPERATION OF PLANT	0	190,365	27,546	217,911	147 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,038	89,127	94,165	0 8.00
9.00 00900	HOUSEKEEPING	0	73,499	13,570	87,069	654 9.00
10.00 01000	DIETARY	0	76,766	24,870	101,636	154 10.00
11.00 01100	CAFETERIA	0	44,563	0	44,563	264 11.00
13.00 01300	NURSING ADMINISTRATION	0	49,427	41,859	91,286	1,507 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	71,308	40,478	111,786	104 14.00
15.00 01500	PHARMACY	0	42,746	3,605	46,351	821 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	126,627	2,137	128,764	100 16.00
17.00 01700	SOCIAL SERVICE	0	7,510	0	7,510	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	33 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	31 23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	30 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	252 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	847,844	779,840	1,627,684	5,460 30.00
31.00 03100	INTENSIVE CARE UNIT	0	128,598	83,407	212,005	1,120 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - I PF	0	0	2,258	2,258	1,225 40.00
43.00 04300	NURSERY	0	0	0	0	256 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	244,449	318,920	563,369	379 50.00
50.01 05001	OPEN HEART SURGERY	0	0	19,412	19,412	43 50.01
50.02 05002	OUTPATIENT SURGERY	0	186,724	34,892	221,616	399 50.02
51.00 05100	RECOVERY ROOM	0	0	1,447	1,447	123 51.00
53.00 05300	ANESTHESIOLOGY	0	0	145,884	145,884	26 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	112,971	99,087	212,058	511 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	27,272	261,275	288,547	321 54.01
54.02 05402	ULTRASOUND	0	13,576	79,908	93,484	165 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	13,890	294	14,184	199 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	92,734	0	92,734	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	18,360	17,567	35,927	108 63.01
65.00 06500	RESPIRATORY THERAPY	0	36,840	78,064	114,904	651 65.00
66.00 06600	PHYSICAL THERAPY	0	95,313	2,906	98,219	611 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,806	0	8,806	216 67.00
68.00 06800	SPEECH PATHOLOGY	0	27,286	6,689	33,975	116 68.00
69.00 06900	ELECTROCARDIOLOGY	0	15,333	89,338	104,671	147 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	12,454	23,280	35,734	108 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	234 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	6,180	80	6,260	19 76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	77,314	77,264	154,578	396 76.02
76.03 03957	CARDIAC REHABILITATION	0	11,719	8,408	20,127	166 76.03
76.04 03190	RADIATION ONCOLOGY	0	122,111	84,392	206,503	253 76.04
76.05 03951	MRI	0	26,738	330,653	357,391	60 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				2A	4.00
76.08 03953 WOUND CARE	0	43,661	1,970	45,631	127	76.08		
76.09 03954 RENAL DIALYSIS	0	84,322	0	84,322	244	76.09		
76.10 03955 INFUSION	0	4,436	23,666	28,102	767	76.10		
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	22	76.11		
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	75	76.12		
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00		
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01		
91.00 09100 EMERGENCY	0	104,179	132,538	236,717	3,817	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00 09900 CMHC	0	0	0	0	0	99.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
101.00 10100 HOME HEALTH AGENCY	0	27,446	4,847	32,293	972	101.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,811,077	3,897,958	7,709,035	25,582	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,046	0	9,046	18	190.00		
190.01 19001 CONVENT	0	75,837	0	75,837	0	190.01		
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02		
190.03 19003 MEDICAL ARTS BUILDING	0	0	582	582	0	190.03		
190.04 19004 WOMEN'S HEALTH CENTER	0	7,670	0	7,670	56	190.04		
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05		
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06		
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07		
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08		
190.09 19009 MDWISE	0	0	0	0	28	190.09		
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	2,004	2,004	154	190.10		
190.11 19011 CENTER OF HOPE	0	3,361	0	3,361	6	190.11		
190.12 19012 SELECT	0	267,606	0	267,606	0	190.12		
190.13 19013 PERCINIAS	0	0	0	0	0	190.13		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	26,551	2,422	28,973	47	192.00		
192.01 19201 WORKING WELL	0	0	56,967	56,967	178	192.01		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
194.01 07951 REHAB	0	118,303	9,513	127,816	0	194.01		
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)	0	4,319,451	3,969,446	8,288,897	26,069	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	16,378					5.01
5.02	00550	DATA PROCESSING	0	916,148				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	232	29,741	48,655			5.03
5.04	00570	ADMINITTING	703	64,965	0	94,918		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,044	272,632	1	0	631,323	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,134	0	2	0	23,359	6.00
7.00	00700	OPERATION OF PLANT	497	0	0	0	18,255	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108	0	560	0	1,958	8.00
9.00	00900	HOUSEKEEPING	116	0	33	0	10,471	9.00
10.00	01000	DIETARY	223	0	558	0	2,246	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,589	11.00
13.00	01300	NURSING ADMINISTRATION	554	10,624	16	0	21,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	281	0	1,835	281	3,821	14.00
15.00	01500	PHARMACY	439	60,312	2,043	0	22,468	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141	229,763	0	0	24,905	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	32	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,443	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	8	0	0	0	2	23.00
23.01	02301	PARAMED ED PRGM - LAB	8	0	0	0	1,206	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	8	0	0	0	412	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	8	0	0	0	391	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	3,334	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,608	0	4,188	6,257	75,653	30.00
31.00	03100	INTENSIVE CARE UNIT	414	0	1,583	1,487	16,446	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	69	5,431	24,322	40.00
43.00	04300	NURSERY	0	0	0	63	3,758	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	968	19,272	11,860	2,829	11,490	50.00
50.01	05001	OPEN HEART SURGERY	0	0	769	243	1,301	50.01
50.02	05002	OUTPATIENT SURGERY	381	0	1,757	1,247	6,892	50.02
51.00	05100	RECOVERY ROOM	0	0	90	500	1,677	51.00
53.00	05300	ANESTHESIOLOGY	74	0	639	1,629	13,663	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703	52,903	150	1,942	10,531	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	50	0	3,301	1,476	6,639	54.01
54.02	05402	ULTRASOUND	108	0	599	1,557	2,753	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	602	5,233	4,109	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	381	122,606	0	8,884	27,153	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	372	0	0	562	5,224	63.00
63.01	06301	NUCLEAR MEDICINE	108	0	27	919	2,988	63.01
65.00	06500	RESPIRATORY THERAPY	223	0	745	3,246	10,115	65.00
66.00	06600	PHYSICAL THERAPY	439	0	77	909	12,946	66.00
67.00	06700	OCCUPATIONAL THERAPY	99	0	117	491	3,033	67.00
68.00	06800	SPEECH PATHOLOGY	25	0	191	203	1,883	68.00
69.00	06900	ELECTROCARDIOLOGY	116	0	54	1,896	2,989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	157	0	55	367	1,750	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,790	10,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	868	11,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	25,101	73,296	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	151	20	301	76.01
76.02	03140	CARDIOVASCULAR SERVICES	629	0	9,951	2,353	7,858	76.02
76.03	03957	CARDIAC REHABILITATION	25	0	35	233	2,331	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	42	1,042	5,257	76.04
76.05	03951	MRI	0	0	141	1,438	2,878	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	518	1,702	76.07
76.08	03953	WOUND CARE	248	0	597	306	2,065	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	404	3,614	76.09
76.10	03955	INFUSION	0	0	1,370	2,404	12,593	76.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
76.11	03956	CARE TRANSITION CENTER	0	0	0	2	296	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	42	105	1,114	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	3,467	9,324	32,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	761	53,330	575	639	15,546	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,393	916,148	48,292	94,918	569,922	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41	0	0	0	514	190.00
190.01	19001	CONVENT	273	0	0	0	454	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	645	190.03
190.04	19004	WOMEN'S HEALTH CENTER	41	0	0	0	789	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	49,261	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	50	0	176	0	2,365	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	99	190.11
190.12	19012	SELECT	0	0	0	0	1,139	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	348	0	7	0	1,584	192.00
192.01	19201	WORKING WELL	0	0	180	0	3,949	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	232	0	0	0	602	194.01
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)	16,378	916,148	48,655	94,918	631,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am				
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS	342,623				6.00	
7.00	00700	OPERATION OF PLANT	18,184	254,994			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	481	378	97,650		8.00	
9.00	00900	HOUSEKEEPING	7,021	5,518	0	110,882	9.00	
10.00	01000	DIETARY	7,333	5,763	0	2,565	120,478	10.00
11.00	01100	CAFETERIA	4,257	3,346	0	1,489	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,721	3,711	0	1,652	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,812	5,354	0	2,383	0	14.00
15.00	01500	PHARMACY	4,083	3,209	0	1,429	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,096	9,507	0	4,232	0	16.00
17.00	01700	SOCIAL SERVICE	717	564	0	251	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	80,990	63,652	75,190	28,337	92,767	30.00
31.00	03100	INTENSIVE CARE UNIT	12,284	9,655	10,742	4,298	14,458	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,351	18,353	0	8,169	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	17,837	14,019	0	6,240	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,791	8,482	0	3,775	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,605	2,048	0	911	0	54.01
54.02	05402	ULTRASOUND	1,297	1,019	0	454	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,327	1,043	0	464	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,858	6,962	0	3,099	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	1,754	1,378	0	614	0	63.01
65.00	06500	RESPIRATORY THERAPY	3,519	2,766	0	1,231	0	65.00
66.00	06600	PHYSICAL THERAPY	9,105	7,156	0	3,185	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	841	661	0	294	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,606	2,049	0	912	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,465	1,151	0	512	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,190	935	0	416	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	590	464	0	207	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	7,385	5,805	0	2,584	0	76.02
76.03	03957	CARDIAC REHABILITATION	1,119	880	0	392	0	76.03
76.04	03190	RADIATION ONCOLOGY	11,664	9,168	0	4,081	0	76.04
76.05	03951	MRI	2,554	2,007	0	894	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	4,171	3,278	0	1,459	0	76.08
76.09	03954	RENAL DIALYSIS	8,055	6,331	0	2,818	0	76.09
76.10	03955	INFUSION	424	333	0	148	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
76.12	03958 ANTI COAGULATION CLINIC	6.00	7.00	8.00	9.00	10.00	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	9,952	7,821	0	3,482	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,622	2,061	0	917	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,061	216,827	85,932	93,894	107,225	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	864	679	0	302	0	190.00
190.01	19001 CONVENT	7,244	5,694	0	2,534	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	733	576	0	256	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	321	252	0	112	0	190.11
190.12	19012 SELECT	25,563	20,091	0	8,943	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,536	1,993	0	887	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	11,301	8,882	11,718	3,954	13,253	194.01
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)	342,623	254,994	97,650	110,882	120,478	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	56,508					11.00
13.00	01300	3,939	139,243				13.00
14.00	01400	514	0	132,890			14.00
15.00	01500	2,472	0	542	144,169		15.00
16.00	01600	386	0	0	0	409,894	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	82	13	0	0	0	23.01
23.02	02302	88	0	0	0	0	23.02
23.03	02303	89	0	0	0	0	23.03
23.04	02304	494	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	15,809	70,563	7,626	34	27,011	30.00
31.00	03100	2,991	7,210	2,058	2	6,419	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	27,776	172	0	23,447	40.00
43.00	04300	0	0	0	0	272	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,200	1,521	2,788	149	12,211	50.00
50.01	05001	59	0	322	2	1,048	50.01
50.02	05002	983	1,003	1,445	0	5,382	50.02
51.00	05100	279	181	152	0	2,158	51.00
53.00	05300	142	0	442	264	7,031	53.00
54.00	05400	2,106	0	343	0	8,383	54.00
54.01	05401	820	96	507	0	6,373	54.01
54.02	05402	410	2	152	0	6,723	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	547	0	1,155	547	22,589	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	38,354	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	2,425	63.00
63.01	06301	219	0	61	1,661	3,966	63.01
65.00	06500	1,790	0	555	21	14,014	65.00
66.00	06600	2,832	0	77	0	3,925	66.00
67.00	06700	497	0	45	0	2,120	67.00
68.00	06800	241	0	4	0	878	68.00
69.00	06900	567	12	123	2	8,183	69.00
70.00	07000	287	206	116	0	1,584	70.00
71.00	07100	0	0	51,967	0	12,043	71.00
72.00	07200	0	0	50,532	0	3,746	72.00
73.00	07300	0	0	0	141,442	108,501	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	41	0	82	0	85	76.01
76.02	03140	933	491	2,039	27	10,157	76.02
76.03	03957	454	231	69	0	1,004	76.03
76.04	03190	606	0	100	3	4,499	76.04
76.05	03951	163	0	20	0	6,208	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	2,238	76.07
76.08	03953	397	1,215	164	47	1,320	76.08
76.09	03954	0	0	0	0	1,744	76.09
76.10	03955	2,219	6,426	2,351	0	10,380	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03956 CARE TRANSITION CENTER	40	0	0	0	7	76.11
76.12	03958 ANTI COAGULATION CLINIC	192	0	116	0	454	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,714	14,171	5,965	53	40,254	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,676	7,134	405	14	2,758	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,278	138,251	132,495	143,721	409,894	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	269	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	90	275	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	425	295	69	59	0	190.10
190.11	19011 CENTER OF HOPE	2	103	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	187	319	9	92	0	192.00
192.01	19201 WORKING WELL	587	0	317	297	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	1,543	0	0	0	0	194.01
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)	56,508	139,243	132,890	144,169	409,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 01160						5.01
5.02 00550						5.02
5.03 00560						5.03
5.04 00570						5.04
5.05 00590						5.05
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
22.00 02200	9,074	2,443				22.00
23.00 02300	0	0	10			23.00
23.01 02301	0	0		1,342		23.01
23.02 02302	0	0			539	23.02
23.03 02303	0	0				23.03
23.04 02304	0	0				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	610					30.00
31.00 03100	145					31.00
32.00 02060	0					32.00
35.00 02040	0					35.00
40.00 04000	530					40.00
43.00 04300	6					43.00
44.00 04400	0					44.00
45.00 04500	0					45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	276					50.00
50.01 05001	24					50.01
50.02 05002	122					50.02
51.00 05100	49					51.00
53.00 05300	159					53.00
54.00 05400	189					54.00
54.01 05401	144					54.01
54.02 05402	152					54.02
55.00 05500	0					55.00
55.01 05501	510					55.01
57.00 05700	0					57.00
58.00 05800	0					58.00
59.00 05900	0					59.00
60.00 06000	867					60.00
60.01 06001	0					60.01
63.00 06300	55					63.00
63.01 06301	90					63.01
65.00 06500	317					65.00
66.00 06600	89					66.00
67.00 06700	48					67.00
68.00 06800	20					68.00
69.00 06900	185					69.00
70.00 07000	36					70.00
71.00 07100	272					71.00
72.00 07200	85					72.00
73.00 07300	2,260					73.00
76.00 03020	0					76.00
76.01 03950	2					76.01
76.02 03140	230					76.02
76.03 03957	23					76.03
76.04 03190	102					76.04
76.05 03951	140					76.05
76.06 03952	0					76.06
76.07 03550	51					76.07
76.08 03953	30					76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
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Worksheet B  
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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03954 RENAL DIALYSIS	39					76.09
76.10	03955 INFUSION	235					76.10
76.11	03956 CARE TRANSITION CENTER	0					76.11
76.12	03958 ANTICOAGULATION CLINIC	10					76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000 CLINIC	0					90.00
90.01	09001 OCC HEALTH CLINIC	0					90.01
91.00	09100 EMERGENCY	910					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0					99.00
99.10	09910 CORF	0					99.10
101.00	10100 HOME HEALTH AGENCY	62					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,074	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001 CONVENT	0					190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03	19003 MEDICAL ARTS BUILDING	0					190.03
190.04	19004 WOMEN'S HEALTH CENTER	0					190.04
190.05	19005 DEVELOPMENT	0					190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07	19007 IMAGE RECOVERY	0					190.07
190.08	19008 FAMILY SERVICES	0					190.08
190.09	19009 MDWISE	0					190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11	19011 CENTER OF HOPE	0					190.11
190.12	19012 SELECT	0					190.12
190.13	19013 PERCINI AS	0					190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201 WORKING WELL	0					192.01
193.00	19300 NONPAID WORKERS	0					193.00
194.01	07951 REHAB	0					194.01
200.00	Cross Foot Adjustments		2,443	10	1,342	539	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,074	2,443	10	1,342	539	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 3/29/2016 11:37 am		
Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.03	23.04	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED PRGM - LAB					23.01
23.02	02302	PARAMED PRGM - RADIOLOGY					23.02
23.03	02303	PARAMED PRGM - RESPTHER	518				23.03
23.04	02304	PARAMED PRGM-PHARMACY		4,080			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			2,184,439	0	30.00
31.00	03100	INTENSIVE CARE UNIT			303,317	0	31.00
32.00	02060	CORONARY CARE UNIT			0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			0	0	35.00
40.00	04000	SUBPROVIDER - IPF			85,230	0	40.00
43.00	04300	NURSERY			4,355	0	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
45.00	04500	NURSING FACILITY			0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			678,185	0	50.00
50.01	05001	OPEN HEART SURGERY			23,223	0	50.01
50.02	05002	OUTPATIENT SURGERY			279,323	0	50.02
51.00	05100	RECOVERY ROOM			6,656	0	51.00
53.00	05300	ANESTHESIOLOGY			169,953	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			312,867	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES			313,838	0	54.01
54.02	05402	ULTRASOUND			108,875	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY			51,962	0	55.01
57.00	05700	CT SCAN			0	0	57.00
58.00	05800	MRI			0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			309,898	0	60.00
60.01	06001	BLOOD LABORATORY			0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			8,638	0	63.00
63.01	06301	NUCLEAR MEDICINE			49,820	0	63.01
65.00	06500	RESPIRATORY THERAPY			154,097	0	65.00
66.00	06600	PHYSICAL THERAPY			139,570	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			17,268	0	67.00
68.00	06800	SPEECH PATHOLOGY			43,103	0	68.00
69.00	06900	ELECTROCARDIOLOGY			122,073	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			42,941	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			77,762	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			66,571	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			350,834	0	73.00
76.00	03020	PAIN CLINIC			0	0	76.00
76.01	03950	ORTHOPEDICS			8,222	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES			205,416	0	76.02
76.03	03957	CARDIAC REHABILITATION			27,089	0	76.03
76.04	03190	RADIATION ONCOLOGY			243,320	0	76.04
76.05	03951	MRI			373,894	0	76.05
76.06	03952	BARIATRIC CENTER			0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY			4,509	0	76.07
76.08	03953	WOUND CARE			61,055	0	76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
From 01/01/2015  
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Cost Center Description		PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
76.09	03954 RENAL DIALYSIS			107,571	0	107,571	76.09
76.10	03955 INFUSION			67,752	0	67,752	76.10
76.11	03956 CARE TRANSITION CENTER			367	0	367	76.11
76.12	03958 ANTICOAGULATION CLINIC			2,108	0	2,108	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000 CLINIC			0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC			0	0	0	90.01
91.00	09100 EMERGENCY			374,248	0	374,248	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC			0	0	0	99.00
99.10	09910 CORF			0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY			122,765	0	122,765	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	7,503,114	0	7,503,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			11,591	0	11,591	190.00
190.01	19001 CONVENT			92,036	0	92,036	190.01
190.02	19002 HOME MEDICAL EQUIPMENT			0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING			1,227	0	1,227	190.03
190.04	19004 WOMEN'S HEALTH CENTER			10,390	0	10,390	190.04
190.05	19005 DEVELOPMENT			0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	19007 IMAGE RECOVERY			0	0	0	190.07
190.08	19008 FAMILY SERVICES			0	0	0	190.08
190.09	19009 MDWISE			49,654	0	49,654	190.09
190.10	19010 CATHERINE MCAULEY CLINIC			5,597	0	5,597	190.10
190.11	19011 CENTER OF HOPE			4,256	0	4,256	190.11
190.12	19012 SELECT			323,342	0	323,342	190.12
190.13	19013 PERCINI AS			0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES			36,982	0	36,982	192.00
192.01	19201 WORKING WELL			62,475	0	62,475	192.01
193.00	19300 NONPAID WORKERS			0	0	0	193.00
194.01	07951 REHAB			179,301	0	179,301	194.01
200.00	Cross Foot Adjustments	518	4,080	8,932	0	8,932	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	518	4,080	8,288,897	0	8,288,897	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	646,516				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,927,459			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,901	6,616	58,101,619		4.00
5.01 01160	COMMUNICATIONS	1,505	6,135	270,683	1,319,341	5.01
5.02 00550	DATA PROCESSING	8,932	847,414	5,174	0	1,056,600 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	1,918	5,806	0	18,667	34,300 5.03
5.04 00570	ADMINISTRATIVE	4,378	0	0	56,667	74,925 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	46,743	42,609	2,862,597	164,668	314,430 5.05
6.00 00600	MAINTENANCE & REPAIRS	43,286	27,891	1,647,177	91,334	0 6.00
7.00 00700	OPERATION OF PLANT	28,493	27,255	328,052	40,000	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	754	88,184	0	8,667	0 8.00
9.00 00900	HOUSEKEEPING	11,001	13,426	1,455,553	9,333	0 9.00
10.00 01000	DIETARY	11,490	24,607	341,964	18,000	0 10.00
11.00 01100	CAFETERIA	6,670	0	589,086	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	7,398	41,416	3,356,022	44,667	12,253 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	40,050	232,567	22,667	0 14.00
15.00 01500	PHARMACY	6,398	3,567	1,827,978	35,334	69,558 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	2,114	222,151	11,333	264,987 16.00
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	73,671	667	0 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	70,153	667	0 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	0	0	66,151	667	0 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	560,831	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	126,902	771,591	12,194,138	209,999	0 30.00
31.00 03100	INTENSIVE CARE UNIT	19,248	82,525	2,495,145	33,334	0 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	2,234	2,727,950	0	0 40.00
43.00 04300	NURSERY	0	0	569,889	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,588	315,546	844,594	78,000	22,226 50.00
50.01 05001	OPEN HEART SURGERY	0	19,207	96,758	0	0 50.01
50.02 05002	OUTPATIENT SURGERY	27,948	34,523	888,306	30,667	0 50.02
51.00 05100	RECOVERY ROOM	0	1,432	274,315	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	144,341	57,287	6,000	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,909	98,039	1,138,922	56,667	61,013 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	4,082	258,511	715,774	4,000	0 54.01
54.02 05402	ULTRASOUND	2,032	79,063	368,059	8,667	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	2,079	291	442,693	0	0 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	13,880	0	0	30,667	141,402 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0 63.00
63.01 06301	NUCLEAR MEDICINE	2,748	17,381	240,389	8,667	0 63.01
65.00 06500	RESPIRATORY THERAPY	5,514	77,238	1,449,976	18,000	0 65.00
66.00 06600	PHYSICAL THERAPY	14,266	2,875	1,360,421	35,334	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,318	0	481,674	8,000	0 67.00
68.00 06800	SPEECH PATHOLOGY	4,084	6,618	259,352	2,000	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,295	88,393	328,435	9,333	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	23,034	241,062	12,667	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	521,029	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDECS	925	79	41,836	0	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES	11,572	76,447	882,148	50,667	0 76.02
76.03 03957	CARDIAC REHABILITATION	1,754	8,319	370,431	2,000	0 76.03
76.04 03190	RADIATION ONCOLOGY	18,277	83,499	564,448	0	0 76.04
76.05 03951	MRI	4,002	327,155	132,708	0	0 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	6,535	1,949	283,499	20,000	0	76.08
76.09	03954 RENAL DIALYSIS	12,621	0	543,815	0	0	76.09
76.10	03955 INFUSION	664	23,416	1,708,228	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	49,096	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	166,865	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	131,136	8,500,600	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	4,796	2,165,884	61,334	61,506	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	570,425	3,856,728	57,015,536	1,240,008	1,056,600	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	40,057	3,333	0	190.00
190.01	19001 CONVENT	11,351	0	0	22,000	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	576	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	125,429	3,333	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	61,835	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	1,983	343,629	4,000	0	190.10
190.11	19011 CENTER OF HOPE	503	0	14,242	0	0	190.11
190.12	19012 SELECT	40,054	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	2,396	104,650	28,000	0	192.00
192.01	19201 WORKING WELL	0	56,364	396,241	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	9,412	0	18,667	0	194.01
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)	4,319,451	3,969,446	21,311,716	952,971	8,017,128	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.681120	1.010691	0.366801	0.722308	7.587666	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			26,069	16,378	916,148	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000449	0.012414	0.867072	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	7,042,772				5.03
5.04	00570	ADMITTING	0	578,992,857			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	108	0	-15,836,958	148,254,293	5.05
6.00	00600	MAINTENANCE & REPAIRS	260	0	0	5,485,966	536,853
7.00	00700	OPERATION OF PLANT	0	0	0	4,287,166	28,493
8.00	00800	LAUNDRY & LINEN SERVICE	81,023	0	0	459,797	754
9.00	00900	HOUSEKEEPING	4,711	0	0	2,459,030	11,001
10.00	01000	DIETARY	80,795	0	0	527,377	11,490
11.00	01100	CAFETERIA	0	0	0	608,010	6,670
13.00	01300	NURSING ADMINISTRATION	2,247	0	0	4,986,704	7,398
14.00	01400	CENTRAL SERVICES & SUPPLY	265,630	0	0	897,404	10,673
15.00	01500	PHARMACY	295,668	0	0	5,276,683	6,398
16.00	01600	MEDICAL RECORDS & LIBRARY	3	0	0	5,849,013	18,953
17.00	01700	SOCIAL SERVICE	0	0	0	7,510	1,124
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	573,782	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	482	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	283,218	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	96,643	0
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	91,716	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	782,944	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	606,237	38,151,113	0	17,754,453	126,902
31.00	03100	INTENSIVE CARE UNIT	229,152	9,067,031	0	3,862,305	19,248
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	9,933	33,117,192	0	5,712,030	0
43.00	04300	NURSERY	0	383,598	0	882,482	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,717,363	17,247,088	0	2,698,337	36,588
50.01	05001	OPEN HEART SURGERY	111,246	1,479,949	0	305,519	0
50.02	05002	OUTPATIENT SURGERY	254,374	7,602,237	0	1,618,633	27,948
51.00	05100	RECOVERY ROOM	13,037	3,048,314	0	393,925	0
53.00	05300	ANESTHESIOLOGY	92,519	9,931,487	0	3,208,685	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,737	11,840,266	0	2,473,246	16,909
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	477,817	9,000,972	0	1,559,293	4,082
54.02	05402	ULTRASOUND	86,637	9,495,616	0	646,487	2,032
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	87,197	31,905,725	0	964,895	2,079
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	54,171,981	0	6,376,913	13,880
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,425,585	0	1,226,899	0
63.01	06301	NUCLEAR MEDICINE	3,874	5,601,466	0	701,786	2,748
65.00	06500	RESPIRATORY THERAPY	107,770	19,793,460	0	2,375,417	5,514
66.00	06600	PHYSICAL THERAPY	11,147	5,543,953	0	3,040,334	14,266
67.00	06700	OCCUPATIONAL THERAPY	16,877	2,994,624	0	712,256	1,318
68.00	06800	SPEECH PATHOLOGY	27,685	1,240,657	0	442,219	4,084
69.00	06900	ELECTROCARDIOLOGY	7,881	11,558,573	0	701,967	2,295
70.00	07000	ELECTROENCEPHALOGRAPHY	7,895	2,237,684	0	410,970	1,864
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,009,982	0	2,510,478	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,290,746	0	2,663,286	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	153,295,846	0	17,213,800	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	21,785	120,282	0	70,606	925
76.02	03140	CARDIOVASCULAR SERVICES	1,440,298	14,346,067	0	1,845,541	11,572
76.03	03957	CARDIAC REHABILITATION	5,035	1,418,002	0	547,547	1,754
76.04	03190	RADIATION ONCOLOGY	6,039	6,353,965	0	1,234,518	18,277
76.05	03951	MRI	20,420	8,768,796	0	675,796	4,002
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	3,160,474	0	399,800	0
76.08	03953	WOUND CARE	86,446	1,865,062	0	484,913	6,535

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description			PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
76.09	03954	RENAL DIALYSIS	0	2,462,632	0	848,829	12,621	76.09
76.10	03955	INFUSION	198,237	14,660,673	0	2,957,522	664	76.10
76.11	03956	CARE TRANSITION CENTER	0	9,817	0	69,435	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	6,112	641,009	0	261,732	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	501,849	56,855,462	0	7,656,464	15,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	83,276	3,895,471	0	3,650,989	4,108	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,990,320	578,992,857	-15,836,958	133,833,752	460,762	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	120,814	1,354	190.00
190.01	19001	CONVENT	0	0	0	106,630	11,351	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	151,557	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	185,359	1,148	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	63	0	190.08
190.09	19009	MDWISE	0	0	0	11,569,149	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	25,459	0	0	555,462	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	23,200	503	190.11
190.12	19012	SELECT	0	0	0	267,606	40,054	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,005	0	0	371,952	3,974	192.00
192.01	19201	WORKING WELL	25,988	0	0	927,450	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	141,299	17,707	194.01
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)	682,307	1,321,630		15,836,958	6,071,993	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.096880	0.002283		0.106823	11.310346	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	48,655	94,918		631,323	342,623	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006909	0.000164		0.004258	0.638206	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	508,360				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	641,942			8.00
9.00	00900	HOUSEKEEPING	11,001	0	496,605		9.00
10.00	01000	DIETARY	11,490	0	11,490	196,237	10.00
11.00	01100	CAFETERIA	6,670	0	6,670	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,398	0	7,398	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00
15.00	01500	PHARMACY	6,398	0	6,398	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - (SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	126,902	494,295	126,902	151,102	385,502
31.00	03100	INTENSIVE CARE UNIT	19,248	70,614	19,248	23,549	72,922
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	29,247
50.01	05001	OPEN HEART SURGERY	0	0	0	0	1,430
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	23,960
51.00	05100	RECOVERY ROOM	0	0	0	0	6,813
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,454
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	0	16,909	0	51,337
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	0	4,082	0	20,000
54.02	05402	ULTRASOUND	2,032	0	2,032	0	10,003
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	13,325
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	0	13,880	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	5,329
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	43,630
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	69,050
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	12,117
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	5,874
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	13,812
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	0	7,009
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	925	0	925	0	1,001
76.02	03140	CARDIOVASCULAR SERVICES	11,572	0	11,572	0	22,740
76.03	03957	CARDIAC REHABILITATION	1,754	0	1,754	0	11,070
76.04	03190	RADIATION ONCOLOGY	18,277	0	18,277	0	14,779
76.05	03951	MRI	4,002	0	4,002	0	3,965
76.06	03952	BARITRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	6,535	0	6,535	0	9,681
76.09	03954	RENAL DIALYSIS	12,621	0	12,621	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
76.10	03955 INFUSION	664	0	664	0	54,101	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	963	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	0	0	0	4,678	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	139,309	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	65,243	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	432,269	564,909	420,514	174,651	1,298,923	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	1,354	0	3,088	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	6,558	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	2,187	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	10,350	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	39	190.11
190.12	19012 SELECT	40,054	0	40,054	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	0	3,974	0	4,565	192.00
192.01	19201 WORKING WELL	0	0	0	0	14,305	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	77,033	17,707	21,586	37,623	194.01
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)	5,067,400	524,958	2,955,795	896,592	854,586	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.968133	0.817765	5.952004	4.568924	0.620327	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	254,994	97,650	110,882	120,478	56,508	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.501601	0.152117	0.223280	0.613941	0.041018	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00590						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	482,398					13.00
14.00	01400	0	6,972,362				14.00
15.00	01500	0	28,424	17,718,615			15.00
16.00	01600	0	3	0	578,992,857		16.00
17.00	01700	0	0	0	0	578,992,857	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	46	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	244,453	400,115	4,183	38,151,113	38,151,113	30.00
31.00	03100	24,977	107,972	211	9,067,031	9,067,031	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	96,229	9,001	0	33,117,192	33,117,192	40.00
43.00	04300	0	0	0	383,598	383,598	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,269	146,269	18,270	17,247,088	17,247,088	50.00
50.01	05001	0	16,894	238	1,479,949	1,479,949	50.01
50.02	05002	3,475	75,815	0	7,602,237	7,602,237	50.02
51.00	05100	628	7,972	18	3,048,314	3,048,314	51.00
53.00	05300	0	23,213	32,469	9,931,487	9,931,487	53.00
54.00	05400	1	17,987	1	11,840,266	11,840,266	54.00
54.01	05401	333	26,620	0	9,000,972	9,000,972	54.01
54.02	05402	8	7,994	0	9,495,616	9,495,616	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	60,577	0	31,905,725	31,905,725	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	54,171,981	54,171,981	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	3,425,585	3,425,585	63.00
63.01	06301	0	3,204	204,107	5,601,466	5,601,466	63.01
65.00	06500	0	29,108	2,637	19,793,460	19,793,460	65.00
66.00	06600	0	4,044	0	5,543,953	5,543,953	66.00
67.00	06700	0	2,386	0	2,994,624	2,994,624	67.00
68.00	06800	0	185	0	1,240,657	1,240,657	68.00
69.00	06900	43	6,428	261	11,558,573	11,558,573	69.00
70.00	07000	715	6,073	0	2,237,684	2,237,684	70.00
71.00	07100	0	2,726,680	0	17,009,982	17,009,982	71.00
72.00	07200	0	2,651,207	0	5,290,746	5,290,746	72.00
73.00	07300	0	0	17,383,634	153,295,846	153,295,846	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	4,302	0	120,282	120,282	76.01
76.02	03140	1,702	107,001	3,268	14,346,067	14,346,067	76.02
76.03	03957	800	3,611	1	1,418,002	1,418,002	76.03
76.04	03190	0	5,270	391	6,353,965	6,353,965	76.04
76.05	03951	0	1,071	0	8,768,796	8,768,796	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	3,160,474	3,160,474	76.07
76.08	03953	4,211	8,594	5,723	1,865,062	1,865,062	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
76.09	03954 RENAL DIALYSIS	0	0	0	2,462,632	2,462,632	76.09
76.10	03955 INFUSION	22,263	123,325	0	14,660,673	14,660,673	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	9,817	9,817	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	6,112	0	641,009	641,009	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	49,095	312,948	6,495	56,855,462	56,855,462	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	24,716	21,229	1,671	3,895,471	3,895,471	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	478,964	6,951,634	17,663,578	578,992,857	578,992,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	952	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	1,021	3,625	7,296	0	0	190.10
190.11	19011 CENTER OF HOPE	357	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,104	495	11,273	0	0	192.00
192.01	19201 WORKING WELL	0	16,608	36,468	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	5,780,418	1,291,671	6,057,233	6,995,754	38,919	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.982674	0.185256	0.341857	0.012083	0.000067	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	139,243	132,890	144,169	409,894	9,074	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.288648	0.019060	0.008137	0.000708	0.000016	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	100					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		764				23.00
23.01 02301 PARAMED PRGM - LAB			177,707			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY				179,458		23.02
23.03 02303 PARAMED PRGM - RESPTHER					114,230	23.03
23.04 02304 PARAMED PRGM-PHARMACY						23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
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
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 05402 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	145,720	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	114,230	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	764	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06



COST ALLOCATION - STATISTICAL BASIS

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Worksheet B-1

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	100	764	177,707	179,458	114,230	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
200.00						200.00
201.00						201.00
202.00	635,075	533	315,259	108,301	102,853	202.00
203.00	6,350.750000	0.697644	1.774038	0.603489	0.900403	203.00
204.00	2,443	10	1,342	539	518	204.00
205.00	24.430000	0.013089	0.007552	0.003003	0.004535	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM - (SPECIFY)	23.00
23.01	02301	PARAMED PRGM - LAB	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	23.03
23.04	02304	PARAMED PRGM-PHARMACY	23.04
		715,898	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	CORONARY CARE UNIT	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OPEN HEART SURGERY	50.01
50.02	05002	OUTPATIENT SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	COMPUTED TOMOGRAPHY	55.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
63.01	06301	NUCLEAR MEDICINE	63.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
		715,898	
76.00	03020	PAIN CLINIC	76.00
76.01	03950	ORTHOPEDICS	76.01
76.02	03140	CARDIOVASCULAR SERVICES	76.02
76.03	03957	CARDIAC REHABILITATION	76.03
76.04	03190	RADIATION ONCOLOGY	76.04
76.05	03951	MRI	76.05
76.06	03952	BARIATRIC CENTER	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	76.07
76.08	03953	WOUND CARE	76.08
76.09	03954	RENAL DIALYSIS	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
76.10	03955 INFUSION	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	76.12
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 CONVENT	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	0	190.08
190.09	19009 MDWISE	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	190.10
190.11	19011 CENTER OF HOPE	0	190.11
190.12	19012 SELECT	0	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 WORKING WELL	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	0	194.01
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)	874,049	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.220913	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,080	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005699	205.00

Provider CCN: 150004

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

Worksheet B-2  
Date/Time Prepared:  
3/29/2016 11:37 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR LAB ALLIED HEALTH PROGRAM FE		1 60.00	-35,747	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 3/29/2016 11:37 am	
		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		27,908,648		6,256	27,914,904	30.00
31.00	03100 INTENSIVE CARE UNIT		5,439,125		21,650	5,460,775	31.00
32.00	02060 CORONARY CARE UNIT		0		0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		0	0	35.00
40.00	04000 SUBPROVIDER - IPF		7,879,328		0	7,879,328	40.00
43.00	04300 NURSERY		981,412		0	981,412	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		4,307,066		613	4,307,679	50.00
50.01	05001 OPEN HEART SURGERY		360,234		20,914	381,148	50.01
50.02	05002 OUTPATIENT SURGERY		2,715,493		0	2,715,493	50.02
51.00	05100 RECOVERY ROOM		486,276		0	486,276	51.00
53.00	05300 ANESTHESIOLOGY		3,689,656		0	3,689,656	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,479,821		0	3,479,821	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		1,969,873		0	1,969,873	54.01
54.02	05402 ULTRASOUND		895,116		0	895,116	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY		1,533,889		0	1,533,889	55.01
57.00	05700 CT SCAN		0		0	0	57.00
58.00	05800 MRI		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		8,317,030		10,619	8,327,649	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,450,022		0	1,450,022	63.00
63.01	06301 NUCLEAR MEDICINE		999,620		0	999,620	63.01
65.00	06500 RESPIRATORY THERAPY	0	3,156,015	0	0	3,156,015	65.00
66.00	06600 PHYSICAL THERAPY	0	3,864,523	0	0	3,864,523	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	868,575	0	0	868,575	67.00
68.00	06800 SPEECH PATHOLOGY	0	619,419	0	0	619,419	68.00
69.00	06900 ELECTROCARDIOLOGY		990,246		0	990,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		546,858		977	547,835	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,490,460		0	3,490,460	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,503,220		0	3,503,220	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		27,732,384		0	27,732,384	73.00
76.00	03020 PAIN CLINIC		0		0	0	76.00
76.01	03950 ORTHOPEDICS		106,216		0	106,216	76.01
76.02	03140 CARDIOVASCULAR SERVICES		2,587,544		5,893	2,593,437	76.02
76.03	03957 CARDIAC REHABILITATION		688,151		0	688,151	76.03
76.04	03190 RADIATION ONCOLOGY		1,951,564		0	1,951,564	76.04
76.05	03951 MRI		966,162		0	966,162	76.05
76.06	03952 BARIATRIC CENTER		0		0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY		480,908		0	480,908	76.07
76.08	03953 WOUND CARE		797,337		1,023	798,360	76.08
76.09	03954 RENAL DIALYSIS		1,313,100		0	1,313,100	76.09
76.10	03955 INFUSION		3,792,838		4,934	3,797,772	76.10
76.11	03956 CARE TRANSITION CENTER		77,569		0	77,569	76.11
76.12	03958 ANTI COAGULATION CLINIC		301,513		0	301,513	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
90.01	09001 OCC HEALTH CLINIC		0		0	0	90.01
91.00	09100 EMERGENCY		10,324,650		25,240	10,349,890	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,986,577		0	4,986,577	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC		0		0	0	99.00
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		4,541,332		0	4,541,332	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
200.00	Subtotal (see instructions)		150,099,770	0	98,119	150,197,889	200.00
201.00	Less Observation Beds		4,986,577		0	4,986,577	201.00
202.00	Total (see instructions)		145,113,193	0	98,119	145,211,312	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 3/29/2016 11:37 am	
		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,910,053		30,910,053		30.00
31.00	03100	INTENSIVE CARE UNIT	9,067,031		9,067,031		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	33,117,192		33,117,192		40.00
43.00	04300	NURSERY	383,598		383,598		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,067,468	10,179,620	17,247,088	0.249727	50.00
50.01	05001	OPEN HEART SURGERY	1,479,949	0	1,479,949	0.243410	50.01
50.02	05002	OUTPATIENT SURGERY	2,730,935	4,871,302	7,602,237	0.357197	50.02
51.00	05100	RECOVERY ROOM	1,346,740	1,701,574	3,048,314	0.159523	51.00
53.00	05300	ANESTHESIOLOGY	3,975,332	5,956,155	9,931,487	0.371511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,852,131	7,988,135	11,840,266	0.293897	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,361,347	4,639,625	9,000,972	0.218851	54.01
54.02	05402	ULTRASOUND	3,064,776	6,430,840	9,495,616	0.094266	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	10,804,760	21,100,965	31,905,725	0.048076	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	28,295,802	25,876,179	54,171,981	0.153530	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,098,656	1,326,929	3,425,585	0.423292	63.00
63.01	06301	NUCLEAR MEDICINE	1,653,445	3,948,021	5,601,466	0.178457	63.01
65.00	06500	RESPIRATORY THERAPY	18,070,968	1,722,492	19,793,460	0.159447	65.00
66.00	06600	PHYSICAL THERAPY	3,305,830	2,238,123	5,543,953	0.697070	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,526,259	468,365	2,994,624	0.290045	67.00
68.00	06800	SPEECH PATHOLOGY	1,023,448	217,209	1,240,657	0.499267	68.00
69.00	06900	ELECTROCARDIOLOGY	6,294,924	5,263,649	11,558,573	0.085672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,236	2,202,448	2,237,684	0.244386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,391,942	5,618,040	17,009,982	0.205201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,131,963	2,158,783	5,290,746	0.662141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,921,373	110,374,473	153,295,846	0.180908	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	6,325	113,957	120,282	0.883058	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,428,813	5,917,254	14,346,067	0.180366	76.02
76.03	03957	CARDIAC REHABILITATION	383,230	1,034,772	1,418,002	0.485296	76.03
76.04	03190	RADIATION ONCOLOGY	384,888	5,969,077	6,353,965	0.307141	76.04
76.05	03951	MRI	3,165,276	5,603,520	8,768,796	0.110182	76.05
76.06	03952	BIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,160,474	0	3,160,474	0.152163	76.07
76.08	03953	WOUND CARE	44,080	1,820,982	1,865,062	0.427512	76.08
76.09	03954	RENAL DIALYSIS	2,446,312	16,320	2,462,632	0.533210	76.09
76.10	03955	INFUSION	23,271	14,637,402	14,660,673	0.258708	76.10
76.11	03956	CARE TRANSITION CENTER	0	9,817	9,817	7.901497	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,731	639,278	641,009	0.470372	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	14,324,651	42,530,811	56,855,462	0.181595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,032,910	5,208,150	7,241,060	0.688653	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	3,895,471	3,895,471		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	267,313,119	311,679,738	578,992,857		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	267,313,119	311,679,738	578,992,857		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.249763		50.00
50.01	05001 OPEN HEART SURGERY	0.257541		50.01
50.02	05002 OUTPATIENT SURGERY	0.357197		50.02
51.00	05100 RECOVERY ROOM	0.159523		51.00
53.00	05300 ANESTHESIOLOGY	0.371511		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.293897		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.218851		54.01
54.02	05402 ULTRASOUND	0.094266		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.048076		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.153726		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.423292		63.00
63.01	06301 NUCLEAR MEDICINE	0.178457		63.01
65.00	06500 RESPIRATORY THERAPY	0.159447		65.00
66.00	06600 PHYSICAL THERAPY	0.697070		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290045		67.00
68.00	06800 SPEECH PATHOLOGY	0.499267		68.00
69.00	06900 ELECTROCARDIOLOGY	0.085672		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244822		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205201		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.662141		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180908		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03950 ORTHOPEDICS	0.883058		76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.180777		76.02
76.03	03957 CARDIAC REHABILITATION	0.485296		76.03
76.04	03190 RADIATION ONCOLOGY	0.307141		76.04
76.05	03951 MRI	0.110182		76.05
76.06	03952 BARIATRIC CENTER	0.000000		76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.152163		76.07
76.08	03953 WOUND CARE	0.428061		76.08
76.09	03954 RENAL DIALYSIS	0.533210		76.09
76.10	03955 INFUSION	0.259045		76.10
76.11	03956 CARE TRANSITION CENTER	7.901497		76.11
76.12	03958 ANTI COAGULATION CLINIC	0.470372		76.12
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.182039		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.688653		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
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: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	27,908,648		27,908,648	6,256	27,914,904	30.00
31.00	03100	INTENSIVE CARE UNIT	5,439,125		5,439,125	21,650	5,460,775	31.00
32.00	02060	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	7,879,328		7,879,328	0	7,879,328	40.00
43.00	04300	NURSERY	981,412		981,412	0	981,412	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,307,066		4,307,066	613	4,307,679	50.00
50.01	05001	OPEN HEART SURGERY	360,234		360,234	20,914	381,148	50.01
50.02	05002	OUTPATIENT SURGERY	2,715,493		2,715,493	0	2,715,493	50.02
51.00	05100	RECOVERY ROOM	486,276		486,276	0	486,276	51.00
53.00	05300	ANESTHESIOLOGY	3,689,656		3,689,656	0	3,689,656	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,479,821		3,479,821	0	3,479,821	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,969,873		1,969,873	0	1,969,873	54.01
54.02	05402	ULTRASOUND	895,116		895,116	0	895,116	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,533,889		1,533,889	0	1,533,889	55.01
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	8,317,030		8,317,030	10,619	8,327,649	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,450,022		1,450,022	0	1,450,022	63.00
63.01	06301	NUCLEAR MEDICINE	999,620		999,620	0	999,620	63.01
65.00	06500	RESPIRATORY THERAPY	3,156,015	0	3,156,015	0	3,156,015	65.00
66.00	06600	PHYSICAL THERAPY	3,864,523	0	3,864,523	0	3,864,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	868,575	0	868,575	0	868,575	67.00
68.00	06800	SPEECH PATHOLOGY	619,419	0	619,419	0	619,419	68.00
69.00	06900	ELECTROCARDIOLOGY	990,246		990,246	0	990,246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	546,858		546,858	977	547,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,490,460		3,490,460	0	3,490,460	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,503,220		3,503,220	0	3,503,220	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,732,384		27,732,384	0	27,732,384	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	76.00
76.01	03950	ORTHOPEDICS	106,216		106,216	0	106,216	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,587,544		2,587,544	5,893	2,593,437	76.02
76.03	03957	CARDIAC REHABILITATION	688,151		688,151	0	688,151	76.03
76.04	03190	RADIATION ONCOLOGY	1,951,564		1,951,564	0	1,951,564	76.04
76.05	03951	MRI	966,162		966,162	0	966,162	76.05
76.06	03952	BARITRIC CENTER	0		0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	480,908		480,908	0	480,908	76.07
76.08	03953	WOUND CARE	797,337		797,337	1,023	798,360	76.08
76.09	03954	RENAL DIALYSIS	1,313,100		1,313,100	0	1,313,100	76.09
76.10	03955	INFUSION	3,792,838		3,792,838	4,934	3,797,772	76.10
76.11	03956	CARE TRANSITION CENTER	77,569		77,569	0	77,569	76.11
76.12	03958	ANTI COAGULATION CLINIC	301,513		301,513	0	301,513	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	10,324,650		10,324,650	25,240	10,349,890	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,986,577		4,986,577	0	4,986,577	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,541,332		4,541,332	0	4,541,332	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	150,099,770	0	150,099,770	98,119	150,197,889	200.00
201.00		Less Observation Beds	4,986,577		4,986,577	0	4,986,577	201.00
202.00		Total (see instructions)	145,113,193	0	145,113,193	98,119	145,211,312	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,910,053		30,910,053		30.00
31.00	03100	INTENSIVE CARE UNIT	9,067,031		9,067,031		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	33,117,192		33,117,192		40.00
43.00	04300	NURSERY	383,598		383,598		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,067,468	10,179,620	17,247,088	0.249727	50.00
50.01	05001	OPEN HEART SURGERY	1,479,949	0	1,479,949	0.243410	50.01
50.02	05002	OUTPATIENT SURGERY	2,730,935	4,871,302	7,602,237	0.357197	50.02
51.00	05100	RECOVERY ROOM	1,346,740	1,701,574	3,048,314	0.159523	51.00
53.00	05300	ANESTHESIOLOGY	3,975,332	5,956,155	9,931,487	0.371511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,852,131	7,988,135	11,840,266	0.293897	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,361,347	4,639,625	9,000,972	0.218851	54.01
54.02	05402	ULTRASOUND	3,064,776	6,430,840	9,495,616	0.094266	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	10,804,760	21,100,965	31,905,725	0.048076	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	28,295,802	25,876,179	54,171,981	0.153530	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,098,656	1,326,929	3,425,585	0.423292	63.00
63.01	06301	NUCLEAR MEDICINE	1,653,445	3,948,021	5,601,466	0.178457	63.01
65.00	06500	RESPIRATORY THERAPY	18,070,968	1,722,492	19,793,460	0.159447	65.00
66.00	06600	PHYSICAL THERAPY	3,305,830	2,238,123	5,543,953	0.697070	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,526,259	468,365	2,994,624	0.290045	67.00
68.00	06800	SPEECH PATHOLOGY	1,023,448	217,209	1,240,657	0.499267	68.00
69.00	06900	ELECTROCARDIOLOGY	6,294,924	5,263,649	11,558,573	0.085672	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,236	2,202,448	2,237,684	0.244386	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,391,942	5,618,040	17,009,982	0.205201	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,131,963	2,158,783	5,290,746	0.662141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,921,373	110,374,473	153,295,846	0.180908	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	6,325	113,957	120,282	0.883058	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,428,813	5,917,254	14,346,067	0.180366	76.02
76.03	03957	CARDIAC REHABILITATION	383,230	1,034,772	1,418,002	0.485296	76.03
76.04	03190	RADIATION ONCOLOGY	384,888	5,969,077	6,353,965	0.307141	76.04
76.05	03951	MRI	3,165,276	5,603,520	8,768,796	0.110182	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	3,160,474	0	3,160,474	0.152163	76.07
76.08	03953	WOUND CARE	44,080	1,820,982	1,865,062	0.427512	76.08
76.09	03954	RENAL DIALYSIS	2,446,312	16,320	2,462,632	0.533210	76.09
76.10	03955	INFUSION	23,271	14,637,402	14,660,673	0.258708	76.10
76.11	03956	CARE TRANSITION CENTER	0	9,817	9,817	7.901497	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,731	639,278	641,009	0.470372	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	14,324,651	42,530,811	56,855,462	0.181595	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,032,910	5,208,150	7,241,060	0.688653	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	3,895,471	3,895,471		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	267,313,119	311,679,738	578,992,857		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	267,313,119	311,679,738	578,992,857		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.249763		50.00
50.01	05001 OPEN HEART SURGERY	0.257541		50.01
50.02	05002 OUTPATIENT SURGERY	0.357197		50.02
51.00	05100 RECOVERY ROOM	0.159523		51.00
53.00	05300 ANESTHESIOLOGY	0.371511		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.293897		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.218851		54.01
54.02	05402 ULTRASOUND	0.094266		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.048076		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.153726		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.423292		63.00
63.01	06301 NUCLEAR MEDICINE	0.178457		63.01
65.00	06500 RESPIRATORY THERAPY	0.159447		65.00
66.00	06600 PHYSICAL THERAPY	0.697070		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290045		67.00
68.00	06800 SPEECH PATHOLOGY	0.499267		68.00
69.00	06900 ELECTROCARDIOLOGY	0.085672		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244822		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205201		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.662141		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180908		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03950 ORTHOPEDICS	0.883058		76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.180777		76.02
76.03	03957 CARDIAC REHABILITATION	0.485296		76.03
76.04	03190 RADIATION ONCOLOGY	0.307141		76.04
76.05	03951 MRI	0.110182		76.05
76.06	03952 BARIATRIC CENTER	0.000000		76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.152163		76.07
76.08	03953 WOUND CARE	0.428061		76.08
76.09	03954 RENAL DIALYSIS	0.533210		76.09
76.10	03955 INFUSION	0.259045		76.10
76.11	03956 CARE TRANSITION CENTER	7.901497		76.11
76.12	03958 ANTI COAGULATION CLINIC	0.470372		76.12
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.182039		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.688653		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
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: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 3/29/2016 11:37 am
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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	2,184,439	0	2,184,439	29,423	74.24	30.00
31.00	INTENSIVE CARE UNIT	303,317		303,317	3,712	81.71	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	85,230	0	85,230	9,358	9.11	40.00
43.00	NURSERY	4,355		4,355	220	19.80	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	2,577,341		2,577,341	42,713		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	12,459	924,956				30.00
31.00	INTENSIVE CARE UNIT	1,770	144,627				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,145	10,431				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	15,374	1,080,014				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	678,185	17,247,088	0.039322	2,963,627	116,536	50.00
50.01	05001 OPEN HEART SURGERY	23,223	1,479,949	0.015692	654,475	10,270	50.01
50.02	05002 OUTPATIENT SURGERY	279,323	7,602,237	0.036742	1,497,016	55,003	50.02
51.00	05100 RECOVERY ROOM	6,656	3,048,314	0.002184	549,247	1,200	51.00
53.00	05300 ANESTHESIOLOGY	169,953	9,931,487	0.017113	1,801,180	30,824	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	312,867	11,840,266	0.026424	1,877,325	49,606	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	313,838	9,000,972	0.034867	2,189,662	76,347	54.01
54.02	05402 ULTRASOUND	108,875	9,495,616	0.011466	1,449,908	16,625	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	51,962	31,905,725	0.001629	4,951,335	8,066	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	309,898	54,171,981	0.005721	12,537,827	71,729	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,638	3,425,585	0.002522	968,449	2,442	63.00
63.01	06301 NUCLEAR MEDICINE	49,820	5,601,466	0.008894	678,044	6,031	63.01
65.00	06500 RESPIRATORY THERAPY	154,097	19,793,460	0.007785	8,815,564	68,629	65.00
66.00	06600 PHYSICAL THERAPY	139,570	5,543,953	0.025175	930,365	23,422	66.00
67.00	06700 OCCUPATIONAL THERAPY	17,268	2,994,624	0.005766	486,469	2,805	67.00
68.00	06800 SPEECH PATHOLOGY	43,103	1,240,657	0.034742	293,449	10,195	68.00
69.00	06900 ELECTROCARDIOLOGY	122,073	11,558,573	0.010561	2,975,363	31,423	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	42,941	2,237,684	0.019190	3,771	72	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	77,762	17,009,982	0.004572	5,644,783	25,808	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66,571	5,290,746	0.012583	1,751,362	22,037	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	350,834	153,295,846	0.002289	21,082,341	48,257	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	8,222	120,282	0.068356	1,668	114	76.01
76.02	03140 CARDIOVASCULAR SERVICES	205,416	14,346,067	0.014319	4,081,926	58,449	76.02
76.03	03957 CARDIAC REHABILITATION	27,089	1,418,002	0.019104	175,669	3,356	76.03
76.04	03190 RADIATION ONCOLOGY	243,320	6,353,965	0.038294	260,335	9,969	76.04
76.05	03951 MRI	373,894	8,768,796	0.042639	1,321,074	56,329	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	4,509	3,160,474	0.001427	0	0	76.07
76.08	03953 WOUND CARE	61,055	1,865,062	0.032736	23,010	753	76.08
76.09	03954 RENAL DIALYSIS	107,571	2,462,632	0.043681	1,424,882	62,240	76.09
76.10	03955 INFUSION	67,752	14,660,673	0.004621	214	1	76.10
76.11	03956 CARE TRANSITION CENTER	367	9,817	0.037384	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	2,108	641,009	0.003289	760	2	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	374,248	56,855,462	0.006582	4,343,837	28,591	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	390,220	7,241,060	0.053890	1,095,557	59,040	92.00
200.00	Total (lines 50-199)	5,193,228	501,619,512		86,830,494	956,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
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	29,423	0.00	12,459	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,712	0.00	1,770	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0.00	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	9,358	0.00	1,145	0	40.00
43.00	04300	NURSERY	220	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	42,713		15,374	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	102,886	0	102,886
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	2,166	0	2,166
54.02	05402	ULTRASOUND	0	0	1,083	0	1,083
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	2,166	0	2,166
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	222,766	0	222,766
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	50,441	0	50,441
63.01	06301	NUCLEAR MEDICINE	0	0	6,305	0	6,305
65.00	06500	RESPIRATORY THERAPY	0	0	102,853	0	102,853
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	874,582	0	874,582
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	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	1,365,248	0	1,365,248

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	17,247,088	0.000000	0.000000	2,963,627	50.00
50.01	05001 OPEN HEART SURGERY	0	1,479,949	0.000000	0.000000	654,475	50.01
50.02	05002 OUTPATIENT SURGERY	0	7,602,237	0.000000	0.000000	1,497,016	50.02
51.00	05100 RECOVERY ROOM	0	3,048,314	0.000000	0.000000	549,247	51.00
53.00	05300 ANESTHESIOLOGY	0	9,931,487	0.000000	0.000000	1,801,180	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102,886	11,840,266	0.008690	0.008690	1,877,325	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,166	9,000,972	0.000241	0.000241	2,189,662	54.01
54.02	05402 ULTRASOUND	1,083	9,495,616	0.000114	0.000114	1,449,908	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,166	31,905,725	0.000068	0.000068	4,951,335	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	222,766	54,171,981	0.004112	0.004112	12,537,827	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,441	3,425,585	0.014725	0.014725	968,449	63.00
63.01	06301 NUCLEAR MEDICINE	6,305	5,601,466	0.001126	0.001126	678,044	63.01
65.00	06500 RESPIRATORY THERAPY	102,853	19,793,460	0.005196	0.005196	8,815,564	65.00
66.00	06600 PHYSICAL THERAPY	0	5,543,953	0.000000	0.000000	930,365	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,994,624	0.000000	0.000000	486,469	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,240,657	0.000000	0.000000	293,449	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,558,573	0.000000	0.000000	2,975,363	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,237,684	0.000000	0.000000	3,771	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,009,982	0.000000	0.000000	5,644,783	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,290,746	0.000000	0.000000	1,751,362	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	874,582	153,295,846	0.005705	0.005705	21,082,341	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950 ORTHOPEDICS	0	120,282	0.000000	0.000000	1,668	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	14,346,067	0.000000	0.000000	4,081,926	76.02
76.03	03957 CARDIAC REHABILITATION	0	1,418,002	0.000000	0.000000	175,669	76.03
76.04	03190 RADIATION ONCOLOGY	0	6,353,965	0.000000	0.000000	260,335	76.04
76.05	03951 MRI	0	8,768,796	0.000000	0.000000	1,321,074	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,160,474	0.000000	0.000000	0	76.07
76.08	03953 WOUND CARE	0	1,865,062	0.000000	0.000000	23,010	76.08
76.09	03954 RENAL DIALYSIS	0	2,462,632	0.000000	0.000000	1,424,882	76.09
76.10	03955 INFUSION	0	14,660,673	0.000000	0.000000	214	76.10
76.11	03956 CARE TRANSITION CENTER	0	9,817	0.000000	0.000000	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	641,009	0.000000	0.000000	760	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	56,855,462	0.000000	0.000000	4,343,837	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,241,060	0.000000	0.000000	1,095,557	92.00
200.00	Total (lines 50-199)	1,365,248	501,619,512			86,830,494	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	2,646,448	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	1,521,290	0	50.02
51.00 05100 RECOVERY ROOM	0	306,649	0	51.00
53.00 05300 ANESTHESIOLOGY	0	1,626,321	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,314	1,292,428	11,231	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	528	2,567,035	619	54.01
54.02 05402 ULTRASOUND	165	1,401,817	160	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	337	5,166,464	351	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	51,556	4,274,096	17,575	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	14,260	273,593	4,029	63.00
63.01 06301 NUCLEAR MEDICINE	763	1,407,808	1,585	63.01
65.00 06500 RESPIRATORY THERAPY	45,806	484,130	2,516	65.00
66.00 06600 PHYSICAL THERAPY	0	1,701	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	276	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	9,171	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,655,400	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	877,039	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,345,634	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	944,065	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	120,275	53,579,505	305,671	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	62,752	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	2,970,391	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	405,190	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	2,657,318	0	76.04
76.05 03951 MRI	0	1,693,207	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	1,018,274	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	3,487,163	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	5,997	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	408,871	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	5,320,051	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,397,438	0	92.00
200.00 Total (lines 50-199)	250,004	101,807,522	343,737	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.249727	2,646,448	0	0	660,890
50.01 05001 OPEN HEART SURGERY	0.243410	0	0	0	0
50.02 05002 OUTPATIENT SURGERY	0.357197	1,521,290	0	0	543,400
51.00 05100 RECOVERY ROOM	0.159523	306,649	0	0	48,918
53.00 05300 ANESTHESIOLOGY	0.371511	1,626,321	0	0	604,196
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.293897	1,292,428	0	0	379,841
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0.218851	2,567,035	0	0	561,798
54.02 05402 ULTRASOUND	0.094266	1,401,817	0	0	132,144
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
55.01 05501 COMPUTED TOMOGRAPHY	0.048076	5,166,464	0	0	248,383
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.153530	4,274,096	6,460	0	656,202
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.423292	273,593	0	0	115,810
63.01 06301 NUCLEAR MEDICINE	0.178457	1,407,808	0	0	251,233
65.00 06500 RESPIRATORY THERAPY	0.159447	484,130	0	0	77,193
66.00 06600 PHYSICAL THERAPY	0.697070	1,701	0	0	1,186
67.00 06700 OCCUPATIONAL THERAPY	0.290045	276	0	0	80
68.00 06800 SPEECH PATHOLOGY	0.499267	9,171	0	0	4,579
69.00 06900 ELECTROCARDIOLOGY	0.085672	1,655,400	0	0	141,821
70.00 07000 ELECTROENCEPHALOGRAPHY	0.244386	877,039	0	0	214,336
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205201	2,345,634	0	0	481,326
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.662141	944,065	0	0	625,104
73.00 07300 DRUGS CHARGED TO PATIENTS	0.180908	53,579,505	0	191,105	9,692,961
76.00 03020 PAIN CLINIC	0.000000	0	0	0	0
76.01 03950 ORTHOPEDICS	0.883058	62,752	0	0	55,414
76.02 03140 CARDIOVASCULAR SERVICES	0.180366	2,970,391	0	0	535,758
76.03 03957 CARDIAC REHABILITATION	0.485296	405,190	0	0	196,637
76.04 03190 RADIATION ONCOLOGY	0.307141	2,657,318	0	0	816,171
76.05 03951 MRI	0.110182	1,693,207	0	0	186,561
76.06 03952 BARIATRIC CENTER	0.000000	0	0	0	0
76.07 03550 PSYCH ACTIVITY THERAPY	0.152163	0	0	0	0
76.08 03953 WOUND CARE	0.427512	1,018,274	0	0	435,324
76.09 03954 RENAL DIALYSIS	0.533210	0	0	0	0
76.10 03955 INFUSION	0.258708	3,487,163	0	0	902,157
76.11 03956 CARE TRANSITION CENTER	7.901497	5,997	0	0	47,385
76.12 03958 ANTICOAGULATION CLINIC	0.470372	408,871	0	0	192,321
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 OCC HEALTH CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.181595	5,320,051	0	0	966,095
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.688653	1,397,438	0	0	962,350
200.00 Subtotal (see instructions)		101,807,522	6,460	191,105	20,737,574
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		101,807,522	6,460	191,105	20,737,574

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 3/29/2016 11:37 am
	Title XVII I	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	992	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	34,572		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
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)	992	34,572		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	992	34,572		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 3/29/2016 11:37 am	
		Component CCN: 15S004		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	678,185	17,247,088	0.039322	1,833	72
50.01	05001	OPEN HEART SURGERY	23,223	1,479,949	0.015692	0	0
50.02	05002	OUTPATIENT SURGERY	279,323	7,602,237	0.036742	0	0
51.00	05100	RECOVERY ROOM	6,656	3,048,314	0.002184	0	0
53.00	05300	ANESTHESIOLOGY	169,953	9,931,487	0.017113	859	15
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,867	11,840,266	0.026424	5,405	143
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	313,838	9,000,972	0.034867	283	10
54.02	05402	ULTRASOUND	108,875	9,495,616	0.011466	993	11
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0
55.01	05501	COMPUTED TOMOGRAPHY	51,962	31,905,725	0.001629	20,652	34
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MRI	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	309,898	54,171,981	0.005721	226,998	1,299
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,638	3,425,585	0.002522	0	0
63.01	06301	NUCLEAR MEDICINE	49,820	5,601,466	0.008894	0	0
65.00	06500	RESPIRATORY THERAPY	154,097	19,793,460	0.007785	9,240	72
66.00	06600	PHYSICAL THERAPY	139,570	5,543,953	0.025175	3,006	76
67.00	06700	OCCUPATIONAL THERAPY	17,268	2,994,624	0.005766	0	0
68.00	06800	SPEECH PATHOLOGY	43,103	1,240,657	0.034742	0	0
69.00	06900	ELECTROCARDIOLOGY	122,073	11,558,573	0.010561	32,753	346
70.00	07000	ELECTROENCEPHALOGRAPHY	42,941	2,237,684	0.019190	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,762	17,009,982	0.004572	16,198	74
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,571	5,290,746	0.012583	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	350,834	153,295,846	0.002289	441,124	1,010
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0
76.01	03950	ORTHOPEDICS	8,222	120,282	0.068356	0	0
76.02	03140	CARDIOVASCULAR SERVICES	205,416	14,346,067	0.014319	0	0
76.03	03957	CARDIAC REHABILITATION	27,089	1,418,002	0.019104	0	0
76.04	03190	RADIATION ONCOLOGY	243,320	6,353,965	0.038294	0	0
76.05	03951	MRI	373,894	8,768,796	0.042639	7,785	332
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	4,509	3,160,474	0.001427	219,614	313
76.08	03953	WOUND CARE	61,055	1,865,062	0.032736	0	0
76.09	03954	RENAL DIALYSIS	107,571	2,462,632	0.043681	0	0
76.10	03955	INFUSION	67,752	14,660,673	0.004621	0	0
76.11	03956	CARE TRANSITION CENTER	367	9,817	0.037384	0	0
76.12	03958	ANTI COAGULATION CLINIC	2,108	641,009	0.003289	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0
91.00	09100	EMERGENCY	374,248	56,855,462	0.006582	119,359	786
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,241,060	0.000000	0	0
200.00		Total (lines 50-199)	4,803,008	501,619,512		1,106,102	4,593

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
	Title XVIIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	102,886	0	102,886	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,166	0	2,166	54.01
54.02	05402 ULTRASOUND	0	0	1,083	0	1,083	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	2,166	0	2,166	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	258,513	0	258,513	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	50,441	0	50,441	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	6,305	0	6,305	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	102,853	0	102,853	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	874,582	0	874,582	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,400,995	0	1,400,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,247,088	0.000000	0.000000	1,833	50.00
50.01	05001 OPEN HEART SURGERY	0	1,479,949	0.000000	0.000000	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	7,602,237	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	3,048,314	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	9,931,487	0.000000	0.000000	859	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102,886	11,840,266	0.008690	0.008690	5,405	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,166	9,000,972	0.000241	0.000241	283	54.01
54.02	05402 ULTRASOUND	1,083	9,495,616	0.000114	0.000114	993	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,166	31,905,725	0.000068	0.000068	20,652	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	258,513	54,171,981	0.004772	0.004772	226,998	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,441	3,425,585	0.014725	0.014725	0	63.00
63.01	06301 NUCLEAR MEDICINE	6,305	5,601,466	0.001126	0.001126	0	63.01
65.00	06500 RESPIRATORY THERAPY	102,853	19,793,460	0.005196	0.005196	9,240	65.00
66.00	06600 PHYSICAL THERAPY	0	5,543,953	0.000000	0.000000	3,006	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,994,624	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,240,657	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,558,573	0.000000	0.000000	32,753	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,237,684	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,009,982	0.000000	0.000000	16,198	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,290,746	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	874,582	153,295,846	0.005705	0.005705	441,124	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950 ORTHOPEDICS	0	120,282	0.000000	0.000000	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	14,346,067	0.000000	0.000000	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	1,418,002	0.000000	0.000000	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	6,353,965	0.000000	0.000000	0	76.04
76.05	03951 MRI	0	8,768,796	0.000000	0.000000	7,785	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,160,474	0.000000	0.000000	219,614	76.07
76.08	03953 WOUND CARE	0	1,865,062	0.000000	0.000000	0	76.08
76.09	03954 RENAL DIALYSIS	0	2,462,632	0.000000	0.000000	0	76.09
76.10	03955 INFUSION	0	14,660,673	0.000000	0.000000	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	9,817	0.000000	0.000000	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	641,009	0.000000	0.000000	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	56,855,462	0.000000	0.000000	119,359	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,241,060	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	1,400,995	501,619,512			1,106,102	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
	Component CCN: 15S004	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	47	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	1	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	1,083	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	48	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,517	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03951 MRI	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
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)	3,696	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 3/29/2016 11:37 am	
		Component CCN: 15S004		Title XIX		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	678,185	17,247,088	0.039322	0	0 50.00
50.01	05001	OPEN HEART SURGERY	23,223	1,479,949	0.015692	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	279,323	7,602,237	0.036742	0	0 50.02
51.00	05100	RECOVERY ROOM	6,656	3,048,314	0.002184	0	0 51.00
53.00	05300	ANESTHESIOLOGY	169,953	9,931,487	0.017113	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,867	11,840,266	0.026424	0	0 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	313,838	9,000,972	0.034867	0	0 54.01
54.02	05402	ULTRASOUND	108,875	9,495,616	0.011466	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	51,962	31,905,725	0.001629	0	0 55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0 57.00
58.00	05800	MRI	0	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00	06000	LABORATORY	309,898	54,171,981	0.005721	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,638	3,425,585	0.002522	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	49,820	5,601,466	0.008894	0	0 63.01
65.00	06500	RESPIRATORY THERAPY	154,097	19,793,460	0.007785	0	0 65.00
66.00	06600	PHYSICAL THERAPY	139,570	5,543,953	0.025175	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	17,268	2,994,624	0.005766	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	43,103	1,240,657	0.034742	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	122,073	11,558,573	0.010561	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	42,941	2,237,684	0.019190	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	77,762	17,009,982	0.004572	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,571	5,290,746	0.012583	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	350,834	153,295,846	0.002289	0	0 73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0 76.00
76.01	03950	ORTHOPEDICS	8,222	120,282	0.068356	0	0 76.01
76.02	03140	CARDIOVASCULAR SERVICES	205,416	14,346,067	0.014319	0	0 76.02
76.03	03957	CARDIAC REHABILITATION	27,089	1,418,002	0.019104	0	0 76.03
76.04	03190	RADIATION ONCOLOGY	243,320	6,353,965	0.038294	0	0 76.04
76.05	03951	MRI	373,894	8,768,796	0.042639	0	0 76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	4,509	3,160,474	0.001427	0	0 76.07
76.08	03953	WOUND CARE	61,055	1,865,062	0.032736	0	0 76.08
76.09	03954	RENAL DIALYSIS	107,571	2,462,632	0.043681	0	0 76.09
76.10	03955	INFUSION	67,752	14,660,673	0.004621	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	367	9,817	0.037384	0	0 76.11
76.12	03958	ANTI COAGULATION CLINIC	2,108	641,009	0.003289	0	0 76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0 90.01
91.00	09100	EMERGENCY	374,248	56,855,462	0.006582	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,241,060	0.000000	0	0 92.00
200.00		Total (lines 50-199)	4,803,008	501,619,512		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	102,886	0	102,886	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,166	0	2,166	54.01
54.02	05402 ULTRASOUND	0	0	1,083	0	1,083	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	2,166	0	2,166	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	258,513	0	258,513	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	50,441	0	50,441	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	6,305	0	6,305	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	102,853	0	102,853	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	874,582	0	874,582	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951 MRI	0	0	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,400,995	0	1,400,995	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am	
				Title XIX		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	17,247,088	0.000000	0.000000		0 50.00
50.01	05001 OPEN HEART SURGERY	0	1,479,949	0.000000	0.000000		0 50.01
50.02	05002 OUTPATIENT SURGERY	0	7,602,237	0.000000	0.000000		0 50.02
51.00	05100 RECOVERY ROOM	0	3,048,314	0.000000	0.000000		0 51.00
53.00	05300 ANESTHESIOLOGY	0	9,931,487	0.000000	0.000000		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	102,886	11,840,266	0.008690	0.008690		0 54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,166	9,000,972	0.000241	0.000241		0 54.01
54.02	05402 ULTRASOUND	1,083	9,495,616	0.000114	0.000114		0 54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0 55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,166	31,905,725	0.000068	0.000068		0 55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000		0 57.00
58.00	05800 MRI	0	0	0.000000	0.000000		0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0 59.00
60.00	06000 LABORATORY	258,513	54,171,981	0.004772	0.004772		0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000		0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	50,441	3,425,585	0.014725	0.014725		0 63.00
63.01	06301 NUCLEAR MEDICINE	6,305	5,601,466	0.001126	0.001126		0 63.01
65.00	06500 RESPIRATORY THERAPY	102,853	19,793,460	0.005196	0.005196		0 65.00
66.00	06600 PHYSICAL THERAPY	0	5,543,953	0.000000	0.000000		0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,994,624	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	1,240,657	0.000000	0.000000		0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,558,573	0.000000	0.000000		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,237,684	0.000000	0.000000		0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,009,982	0.000000	0.000000		0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,290,746	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	874,582	153,295,846	0.005705	0.005705		0 73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000		0 76.00
76.01	03950 ORTHOPEDICS	0	120,282	0.000000	0.000000		0 76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	14,346,067	0.000000	0.000000		0 76.02
76.03	03957 CARDIAC REHABILITATION	0	1,418,002	0.000000	0.000000		0 76.03
76.04	03190 RADIATION ONCOLOGY	0	6,353,965	0.000000	0.000000		0 76.04
76.05	03951 MRI	0	8,768,796	0.000000	0.000000		0 76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0.000000		0 76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	3,160,474	0.000000	0.000000		0 76.07
76.08	03953 WOUND CARE	0	1,865,062	0.000000	0.000000		0 76.08
76.09	03954 RENAL DIALYSIS	0	2,462,632	0.000000	0.000000		0 76.09
76.10	03955 INFUSION	0	14,660,673	0.000000	0.000000		0 76.10
76.11	03956 CARE TRANSITION CENTER	0	9,817	0.000000	0.000000		0 76.11
76.12	03958 ANTI COAGULATION CLINIC	0	641,009	0.000000	0.000000		0 76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000		0 89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000		0 90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000		0 90.01
91.00	09100 EMERGENCY	0	56,855,462	0.000000	0.000000		0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,241,060	0.000000	0.000000		0 92.00
200.00	Total (lines 50-199)	1,400,995	501,619,512				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 3/29/2016 11:37 am
	Component CCN: 15S004	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05	03951 MRI	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
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	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/29/2016 11:37 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,423	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)		24,167	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)		12,459	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,914,904	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)		27,914,904	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,914,904	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		948.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,820,352	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)		11,820,352	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	5,460,775	3,712	1,471.11	1,770	2,603,865	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,159,159	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,583,376	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,069,583	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,206,175	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,275,758	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,307,618	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)					5,256	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					948.74	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,986,577	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,184,439	27,914,904	0.078254	4,986,577	390,220	90.00
91.00	Nursing School cost	0	27,914,904	0.000000	4,986,577	0	91.00
92.00	Allied health cost	0	27,914,904	0.000000	4,986,577	0	92.00
93.00	All other Medical Education	0	27,914,904	0.000000	4,986,577	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,358 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,358 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)			9,358 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,145 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,879,328 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)			7,879,328 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,879,328 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			841.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			964,079 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)			964,079 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 3/29/2016 11:37 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					183,914		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,147,993		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					10,431		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,289		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					18,720		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,129,273		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	85,230	7,879,328	0.010817	0	0	90.00
91.00	Nursing School cost	0	7,879,328	0.000000	0	0	91.00
92.00	Allied health cost	0	7,879,328	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,879,328	0.000000	0	0	93.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,358 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,358 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)			9,358 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,763 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)			220 15.00
16.00	Nursery days (title V or XIX only)			52 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,879,328 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)			7,879,328 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,879,328 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			841.99 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,168,408 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)			3,168,408 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1		
		Component CCN: 15S004				Date/Time Prepared: 3/29/2016 11:37 am		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,168,408		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,168,408		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 3/29/2016 11:37 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,879,328	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,879,328	0.000000	0	0	91.00
92.00	Allied health cost	0	7,879,328	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,879,328	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 3/29/2016 11:37 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,944,546	30.00
31.00	03100	INTENSIVE CARE UNIT		4,249,025	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.249763	2,963,627	50.00
50.01	05001	OPEN HEART SURGERY	0.257541	654,475	50.01
50.02	05002	OUTPATIENT SURGERY	0.357197	1,497,016	50.02
51.00	05100	RECOVERY ROOM	0.159523	549,247	51.00
53.00	05300	ANESTHESIOLOGY	0.371511	1,801,180	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.293897	1,877,325	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.218851	2,189,662	54.01
54.02	05402	ULTRASOUND	0.094266	1,449,908	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.048076	4,951,335	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.153726	12,537,827	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.423292	968,449	63.00
63.01	06301	NUCLEAR MEDICINE	0.178457	678,044	63.01
65.00	06500	RESPIRATORY THERAPY	0.159447	8,815,564	65.00
66.00	06600	PHYSICAL THERAPY	0.697070	930,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.290045	486,469	67.00
68.00	06800	SPEECH PATHOLOGY	0.499267	293,449	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085672	2,975,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244822	3,771	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205201	5,644,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.662141	1,751,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180908	21,082,341	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDI CS	0.883058	1,668	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.180777	4,081,926	76.02
76.03	03957	CARDIAC REHABILITATION	0.485296	175,669	76.03
76.04	03190	RADIATION ONCOLOGY	0.307141	260,335	76.04
76.05	03951	MRI	0.110182	1,321,074	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.152163	0	76.07
76.08	03953	WOUND CARE	0.428061	23,010	76.08
76.09	03954	RENAL DIALYSIS	0.533210	1,424,882	76.09
76.10	03955	INFUSION	0.259045	214	76.10
76.11	03956	CARE TRANSITION CENTER	7.901497	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.470372	760	76.12
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.182039	4,343,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.688653	1,095,557	92.00
200.00		Total (sum of lines 50-94 and 96-98)		86,830,494	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)		86,830,494	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 3/29/2016 11:37 am	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,221,167		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.249763	1,833	458	50.00
50.01	05001 OPEN HEART SURGERY	0.257541	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.357197	0	0	50.02
51.00	05100 RECOVERY ROOM	0.159523	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.371511	859	319	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.293897	5,405	1,589	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.218851	283	62	54.01
54.02	05402 ULTRASOUND	0.094266	993	94	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.048076	20,652	993	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.153726	226,998	34,895	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.423292	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.178457	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.159447	9,240	1,473	65.00
66.00	06600 PHYSICAL THERAPY	0.697070	3,006	2,095	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.290045	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.499267	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085672	32,753	2,806	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244822	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205201	16,198	3,324	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.662141	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180908	441,124	79,803	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	0.883058	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.180777	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.485296	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.307141	0	0	76.04
76.05	03951 MRI	0.110182	7,785	858	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.152163	219,614	33,417	76.07
76.08	03953 WOUND CARE	0.428061	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.533210	0	0	76.09
76.10	03955 INFUSION	0.259045	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	7.901497	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.470372	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.182039	119,359	21,728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.688653	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,106,102	183,914	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,106,102		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,159,321	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,720,893	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,058,576	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		4,450,000	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		176.60	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.11	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)		1.72	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)		4.39	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.		2.09	11.00
12.00	Current year allowable FTE (see instructions)		5.09	12.00
13.00	Total allowable FTE count for the prior year.		6.46	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.		7.06	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.20	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		6.20	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.035108	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.036138	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.035108	21.00
22.00	IME payment adjustment (see instructions)		434,701	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		84,546	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.39	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)		434,701	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		84,546	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.77	31.00
32.00	Sum of lines 30 and 31		32.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.77	33.00
34.00	Disproportionate share adjustment (see instructions)		902,052	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/29/2016 11:37 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000292205	0.000285261	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,234,682	1,827,424	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,671,419	459,352	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,130,771		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		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)		27,406,314		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)		27,490,860		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,056,072		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).		145,752		52.00
53.00	Nursing and Allied Health Managed Care payment		103,866		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		250,004		58.00
59.00	Total (sum of amounts on lines 49 through 58)		30,046,554		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,046,554		61.00
62.00	Deductibles billed to program beneficiaries		2,047,748		62.00
63.00	Coinurance billed to program beneficiaries		199,343		63.00
64.00	Allowable bad debts (see instructions)		907,751		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		590,038		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		449,487		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		28,389,501		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)		-21,352		70.93
70.94	HRR adjustment amount (see instructions)		-248,824		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 3/29/2016 11:37 am	
		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)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		28,119,325		71.00
71.01	Sequestration adjustment (see instructions)		562,387		71.01
72.00	Interim payments		27,068,442		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)		488,496		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)		0		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	0	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



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/29/2016 11:37 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		35,564	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,393,837	2.00
3.00	PPS payments		22,873,525	3.00
4.00	Outlier payment (see instructions)		115,521	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		343,737	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		35,564	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		197,565	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)		197,565	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		197,565	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		162,001	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)		35,564	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)		23,332,783	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,518,915	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)		18,849,432	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		89,631	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)		18,939,063	30.00
31.00	Primary payer payments		29,832	31.00
32.00	Subtotal (line 30 minus line 31)		18,909,231	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,041,922	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		677,249	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		502,358	36.00
37.00	Subtotal (see instructions)		19,586,480	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)		19,586,480	40.00
40.01	Sequestration adjustment (see instructions)		391,730	40.01
41.00	Interim payments		18,838,960	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		355,790	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		26,890,542		18,838,960	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	07/27/2015	177,900	07/27/2015	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)		177,900		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)		27,068,442		18,838,960	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		488,496		355,790	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,556,938		19,194,750	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: 150004  
Component CCN: 15S004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/29/2016 11:37 am  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		739,778		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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		739,778		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		44,494		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		784,272		0	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: 150004

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
3/29/2016 11:37 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			5,063 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			14,229 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,925 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			27,879 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			578,992,857 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			26,884,800 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)			448,935 8.00
9.00	Sequestration adjustment amount (see instructions)			8,979 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			439,956 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
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)			439,956 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part I Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - MEDICARE PART A SERVICES - TEFRA</b>				
1.00	Inpatient hospital services (see instructions)			0 1.00
2.00	Organ acquisition			0 2.00
3.00	Cost of physicians' services in a teaching hospital (see instructions)			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			0 4.00
5.00	Primary payer payments			0 5.00
6.00	Subtotal (line 4 less line 5).			0 6.00
7.00	Deductibles			0 7.00
8.00	Subtotal (line 6 minus line 7)			0 8.00
9.00	Coinsurance			0 9.00
10.00	Subtotal (line 8 minus line 9)			0 10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 11.00
12.00	Adjusted reimbursable bad debts (see instructions)			0 12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 13.00
14.00	Subtotal (sum of lines 10 and 12)			0 14.00
15.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 15.00
16.00	DO NOT USE THIS LINE			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 17.00
17.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 17.50
17.99	Recovery of Accelerated Depreciation			0 17.99
18.00	Total amount payable to the provider (see instructions)			0 18.00
18.01	Sequestration adjustment (see instructions)			0 18.01
19.00	Interim payments			0 19.00
20.00	Tentative settlement (for contractor use only)			0 20.00
21.00	Balance due provider/program (line 18 minus lines 18.01, 19, and 20)			0 21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part II Date/Time Prepared: 3/29/2016 11:37 am
		Component CCN: 150004	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		936,463	1.00
2.00	Net IPF PPS Outlier Payments		6,674	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)		25.638356	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)		943,137	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)		943,137	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		943,137	18.00
19.00	Deductibles		169,968	19.00
20.00	Subtotal (line 18 minus line 19)		773,169	20.00
21.00	Coinsurance		18,270	21.00
22.00	Subtotal (line 20 minus line 21)		754,899	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		64,128	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		41,683	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,815	25.00
26.00	Subtotal (sum of lines 22 and 24)		796,582	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)		3,696	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)		800,278	31.00
31.01	Sequestration adjustment (see instructions)		16,006	31.01
32.00	Interim payments		739,778	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)		44,494	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		6,674	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: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 3/29/2016 11:37 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		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)		0	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)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		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)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 3/29/2016 11:37 am	
		Title XIX	Subprovider - IPF	PPS	
			Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		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)		0	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)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		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)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 3/29/2016 11:37 am	
		Title VIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	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			1.75	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)			4.36	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	3.00	3.00	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	3.00	3.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.09		10.00
11.00	Total weighted FTE count	0.00	5.09		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.07		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.85		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.00		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	6.00		17.00
18.00	Per resident amount	85,409.60	80,875.36		18.00
19.00	Approved amount for resident costs	0	485,252	485,252	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)			485,252	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	15,374	3,143		26.00
27.00	Total Inpatient Days (see instructions)	37,258	37,258		27.00
28.00	Ratio of inpatient days to total inpatient days	0.412636	0.084358		28.00
29.00	Program direct GME amount	200,232	40,935		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		5,784		30.00
31.00	Net Program direct GME amount			235,383	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		33,731,369	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,731,369	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		20,773,138	42.00
43.00	Primary payer payments (see instructions)		29,832	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,743,306	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		54,474,675	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.619212	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.380788	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		235,383	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		145,752	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		89,631	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet G Date/Time Prepared: 3/29/2016 11:37 am		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-176,321,189	0	0	0	1.00
2.00	Temporary investments	8,876,765	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	110,154,070	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,672,687	0	0	0	6.00
7.00	Inventory	3,863,720	0	0	0	7.00
8.00	Prepaid expenses	632,561	0	0	0	8.00
9.00	Other current assets	133,220,598	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)	71,753,838	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,607,761	0	0	0	13.00
14.00	Accumulated depreciation	-151,397,222	0	0	0	14.00
15.00	Buildings	44,581,771	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	146,570,508	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	0	0	0	0	23.00
24.00	Accumulated depreciation	914,973	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)	49,982,545	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,115,280	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	1,700,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,815,280	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	125,551,663	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,051,676	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,779,401	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	163,189	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	3,888,726	0	0	0	43.00
44.00	Other current liabilities	4,273,990	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,156,982	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	204,575	0	0	0	46.00
47.00	Notes payable	2,990,835	0	0	0	47.00
48.00	Unsecured loans	-42,246,453	0	0	0	48.00
49.00	Other long term liabilities	1,663,202	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-37,387,841	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-12,230,859	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	137,782,522				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)	137,782,522	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	125,551,663	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:  
3/29/2016 11:37 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		77,967,523		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		41,361,334			2.00
3.00	Total (sum of line 1 and line 2)		119,328,857		0	3.00
4.00	ADDITION TO FUND BALANCE	18,453,665		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)		18,453,665		0	10.00
11.00	Subtotal (line 3 plus line 10)		137,782,522		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)		137,782,522		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	ADDITION TO FUND BALANCE		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: 150004

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/29/2016 11:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	30,910,053		30,910,053	1.00
2.00	SUBPROVIDER - IPF	33,117,192		33,117,192	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	383,598		383,598	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	64,410,843		64,410,843	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,067,031		9,067,031	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,067,031		9,067,031	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	73,477,874		73,477,874	17.00
18.00	Ancillary services	177,478,403	260,044,587	437,522,990	18.00
19.00	Outpatient services	16,357,561	47,738,961	64,096,522	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		3,895,471	3,895,471	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	-21,887,203	13,010,049	-8,877,154	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	245,426,635	324,689,068	570,115,703	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		174,081,681		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		174,081,681		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150004

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

Worksheet G-3

Date/Time Prepared:  
3/29/2016 11:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	570,115,703	1.00
2.00	Less contractual allowances and discounts on patients' accounts	368,503,929	2.00
3.00	Net patient revenues (line 1 minus line 2)	201,611,774	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,081,681	4.00
5.00	Net income from service to patients (line 3 minus line 4)	27,530,093	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	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	PREMIUM REVENUE	13,484,841	24.00
24.01	OTHER OPERATING REVENUE	5,117,143	24.01
24.02	PROVISION FOR BAD DEBTS	-4,770,790	24.02
24.03	NET ASSETS RELEASED FOR OPERATIONS	47	24.03
25.00	Total other income (sum of lines 6-24)	13,831,241	25.00
26.00	Total (line 5 plus line 25)	41,361,334	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	41,361,334	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2015

Worksheet H

HHA CCN: 157145

To 12/31/2015

Date/Time Prepared: 3/29/2016 11:37 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	723,995	0	5,117	10,029	32,436	771,577
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	998,455	0	40,823	108	5,324	1,044,710
7.00	Physical Therapy	362,957	0	19,250	55,773	1,999	439,979
8.00	Occupational Therapy	26,704	0	1,704	0	68	28,476
9.00	Speech Pathology	2,742	0	182	-460	0	2,464
10.00	Medical Social Services	1,389	0	73	0	990	2,452
11.00	Home Health Aide	49,643	0	9,479	0	1,293	60,415
12.00	Supplies (see instructions)	0	0	0	0	83,215	83,215
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	2,165,885	0	76,628	65,450	125,325	2,433,288
		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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	771,577	-75,000	696,577		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,044,710	0	1,044,710		6.00
7.00	Physical Therapy	0	439,979	0	439,979		7.00
8.00	Occupational Therapy	0	28,476	0	28,476		8.00
9.00	Speech Pathology	0	2,464	0	2,464		9.00
10.00	Medical Social Services	0	2,452	0	2,452		10.00
11.00	Home Health Aide	0	60,415	0	60,415		11.00
12.00	Supplies (see instructions)	-61,990	21,225	0	21,225		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-61,990	2,371,298	-75,000	2,296,298		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: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 3/29/2016 11:37 am
		HHA CCN: 157145	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				
<b>GENERAL SERVICE COST CENTERS</b>							
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	696,577	0	0	0	696,577	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,044,710	0	0	0	1,044,710	6.00
7.00	Physical Therapy	439,979	0	0	0	439,979	7.00
8.00	Occupational Therapy	28,476	0	0	0	28,476	8.00
9.00	Speech Pathology	2,464	0	0	0	2,464	9.00
10.00	Medical Social Services	2,452	0	0	0	2,452	10.00
11.00	Home Health Aide	60,415	0	0	0	60,415	11.00
12.00	Supplies (see instructions)	21,225	0	0	0	21,225	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,296,298	0	0	0	2,296,298	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	696,577					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	454,904	1,499,614				6.00
7.00	Physical Therapy	191,583	631,562				7.00
8.00	Occupational Therapy	12,400	40,876				8.00
9.00	Speech Pathology	1,073	3,537				9.00
10.00	Medical Social Services	1,068	3,520				10.00
11.00	Home Health Aide	26,307	86,722				11.00
12.00	Supplies (see instructions)	9,242	30,467				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,296,298				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 3/29/2016 11:37 am 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					
<b>GENERAL SERVICE COST CENTERS</b>							
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	-696,577	1,599,721
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,044,710
7.00	Physical Therapy	0	0	0	0	0	439,979
8.00	Occupational Therapy	0	0	0	0	0	28,476
9.00	Speech Pathology	0	0	0	0	0	2,464
10.00	Medical Social Services	0	0	0	0	0	2,452
11.00	Home Health Aide	0	0	0	0	0	60,415
12.00	Supplies (see instructions)	0	0	0	0	0	21,225
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-696,577	1,599,721
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		696,577
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.435437

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157145

To 12/31/2015

Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	27,446	4,847	794,448	44,302	466,687	1.00
2.00 Skilled Nursing Care	1,499,614	0	0	0	0	0	2.00
3.00 Physical Therapy	631,562	0	0	0	0	0	3.00
4.00 Occupational Therapy	40,876	0	0	0	0	0	4.00
5.00 Speech Pathology	3,537	0	0	0	0	0	5.00
6.00 Medical Social Services	3,520	0	0	0	0	0	6.00
7.00 Home Health Aide	86,722	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	30,467	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)	2,296,298	27,446	4,847	794,448	44,302	466,687	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.05	6.00	7.00	
1.00 Administrative and General	8,068	8,893	1,354,691	144,712	46,463	40,949	1.00
2.00 Skilled Nursing Care	0	0	1,499,614	160,194	0	0	2.00
3.00 Physical Therapy	0	0	631,562	67,465	0	0	3.00
4.00 Occupational Therapy	0	0	40,876	4,366	0	0	4.00
5.00 Speech Pathology	0	0	3,537	378	0	0	5.00
6.00 Medical Social Services	0	0	3,520	376	0	0	6.00
7.00 Home Health Aide	0	0	86,722	9,264	0	0	7.00
8.00 Supplies (see instructions)	0	0	30,467	3,255	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)	8,068	8,893	3,650,989	390,010	46,463	40,949	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: 150004

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157145

To 12/31/2015

Part I  
Date/Time Prepared:  
3/29/2016 11:37 am

Home Health Agency I

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	24,451	0	40,472	296,164	3,933	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	24,451	0	40,472	296,164	3,933	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
		15.00	16.00	17.00	22.00	23.00	23.01	
1.00	Administrative and General	571	47,069	261	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)	571	47,069	261	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: 150004

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

Worksheet H-2 Part I

HHA CCN: 157145

Date/Time Prepared: 3/29/2016 11:37 am

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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.02	23.03	23.04	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	1,999,736	0	1,999,736	1.00
2.00	Skilled Nursing Care	0	0	0	1,659,808	0	1,659,808	2.00
3.00	Physical Therapy	0	0	0	699,027	0	699,027	3.00
4.00	Occupational Therapy	0	0	0	45,242	0	45,242	4.00
5.00	Speech Pathology	0	0	0	3,915	0	3,915	5.00
6.00	Medical Social Services	0	0	0	3,896	0	3,896	6.00
7.00	Home Health Aide	0	0	0	95,986	0	95,986	7.00
8.00	Supplies (see instructions)	0	0	0	33,722	0	33,722	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	4,541,332	0	4,541,332	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	1,305,942	2,965,750					2.00
3.00	Physical Therapy	549,997	1,249,024					3.00
4.00	Occupational Therapy	35,597	80,839					4.00
5.00	Speech Pathology	3,080	6,995					5.00
6.00	Medical Social Services	3,065	6,961					6.00
7.00	Home Health Aide	75,522	171,508					7.00
8.00	Supplies (see instructions)	26,533	60,255					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	1,999,736	4,541,332					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.	0.786803						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: 150004

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157145

To 12/31/2015

Part II  
Date/Time Prepared: 3/29/2016 11:37 am

Home Health Agency I

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	4,796	2,165,884	61,334	61,506	83,276	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)	4,108	4,796	2,165,884	61,334	61,506	83,276	20.00
21.00 Total cost to be allocated	27,446	4,847	794,448	44,302	466,687	8,068	21.00
22.00 Unit cost multiplier	6.681110	1.010634	0.366801	0.722307	7.587666	0.096883	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	3,895,471	0	1,354,691	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	1,499,614	0	0	0	2.00
3.00 Physical Therapy	0	0	631,562	0	0	0	3.00
4.00 Occupational Therapy	0	0	40,876	0	0	0	4.00
5.00 Speech Pathology	0	0	3,537	0	0	0	5.00
6.00 Medical Social Services	0	0	3,520	0	0	0	6.00
7.00 Home Health Aide	0	0	86,722	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	30,467	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)	3,895,471	0	3,650,989	4,108	4,108	0	20.00
21.00 Total cost to be allocated	8,893	0	390,010	46,463	40,949	0	21.00
22.00 Unit cost multiplier	0.002283	0	0.106823	11.310370	9.968111	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 3/29/2016 11:37 am
			Home Health Agency I	PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	4,108	0	65,243	24,716	21,229	1,671	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)	4,108	0	65,243	24,716	21,229	1,671	20.00
21.00	Total cost to be allocated	24,451	0	40,472	296,164	3,933	571	21.00
22.00	Unit cost multiplier	5.952045	0.000000	0.620327	11.982683	0.185265	0.341712	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)		
	16.00	17.00	22.00	23.00	23.01	23.02		
1.00	Administrative and General	3,895,471	3,895,471	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)	3,895,471	3,895,471	0	0	0	0	20.00
21.00	Total cost to be allocated	47,069	261	0	0	0	0	21.00
22.00	Unit cost multiplier	0.012083	0.000067	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
3/29/2016 11:37 am  
PPS

Cost Center Description	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
	23.03	23.04		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00



APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 3/29/2016 11:37 am	
					Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,965,750		2,965,750	10,681	277.67	1.00
2.00	Physical Therapy	3.00	1,249,024	0	1,249,024	5,179	241.17	2.00
3.00	Occupational Therapy	4.00	80,839	0	80,839	362	223.31	3.00
4.00	Speech Pathology	5.00	6,995	0	6,995	64	109.30	4.00
5.00	Medical Social Services	6.00	6,961		6,961	15	464.07	5.00
6.00	Home Health Aide	7.00	171,508		171,508	1,869	91.76	6.00
7.00	Total (sum of lines 1-6)		4,481,077	0	4,481,077	18,170		7.00
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	6,079			8.00
8.01	Skilled Nursing Care		16974	0	0			8.01
9.00	Physical Therapy		23844	0	2,901			9.00
9.01	Physical Therapy		16974	0	0			9.01
10.00	Occupational Therapy		23844	0	396			10.00
10.01	Occupational Therapy		16974	0	0			10.01
11.00	Speech Pathology		23844	0	32			11.00
11.01	Speech Pathology		16974	0	0			11.01
12.00	Medical Social Services		23844	0	16			12.00
12.01	Medical Social Services		16974	0	0			12.01
13.00	Home Health Aide		23844	0	1,322			13.00
13.01	Home Health Aide		16974	0	0			13.01
14.00	Total (sum of lines 8-13)			0	10,746			14.00
Cost Center Description								
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	60,255	0	60,255	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
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	6,079		0	1,687,956		1.00
2.00	Physical Therapy	0	2,901		0	699,634		2.00
3.00	Occupational Therapy	0	396		0	88,431		3.00
4.00	Speech Pathology	0	32		0	3,498		4.00
5.00	Medical Social Services	0	16		0	7,425		5.00
6.00	Home Health Aide	0	1,322		0	121,307		6.00
7.00	Total (sum of lines 1-6)	0	10,746		0	2,608,251		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 3/29/2016 11:37 am
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of 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	1,687,956						1.00
2.00	Physical Therapy	699,634						2.00
3.00	Occupational Therapy	88,431						3.00
4.00	Speech Pathology	3,498						4.00
5.00	Medical Social Services	7,425						5.00
6.00	Home Health Aide	121,307						6.00
7.00	Total (sum of lines 1-6)	2,608,251						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 3/29/2016 11:37 am
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	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.697070	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.290045	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.499267	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.205201	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.180908	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 3/29/2016 11:37 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,697,537
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	29,282
13.00	Total PPS Reimbursement - LUPA Episodes		0	56,046
14.00	Total PPS Reimbursement - PEP Episodes		0	11,927
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,794,792
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,794,792
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,794,792
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,794,792
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,794,792
31.01	Sequestration adjustment (see instructions)		0	35,896
32.00	Interim payments (see instructions)		0	1,758,896
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: 150004  
HHA CCN: 157145

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

Worksheet H-5  
Date/Time Prepared:  
3/29/2016 11:37 am  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,758,896	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		1,758,896	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		1,758,896	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: 150004	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 3/29/2016 11:37 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,830,940	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,249	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)		76.44	3.00
4.00	Number of interns & residents (see instructions)		6.20	4.00
5.00	Indirect medical education percentage (see instructions)		2.32	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)		42,478	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.77	8.00
9.00	Sum of lines 7 and 8		32.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.74	10.00
11.00	Disproportionate share adjustment (see instructions)		123,405	11.00
12.00	Total prospective capital payments (see instructions)		2,056,072	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00